



US010596385B2

(12) **United States Patent**
Riehl et al.

(10) **Patent No.:** **US 10,596,385 B2**
(45) **Date of Patent:** ***Mar. 24, 2020**

(54) **METHOD AND APPARATUS FOR DETERMINING THE PROXIMITY OF A TMS COIL TO A SUBJECT'S HEAD**

(58) **Field of Classification Search**
CPC A61N 1/0536; A61N 1/36007; A61N 1/36017; A61N 1/36025; A61N 1/36082;
(Continued)

(71) Applicant: **NEURONETICS, INC.**, Malvern, PA (US)

(56) **References Cited**

(72) Inventors: **Mark Edward Riehl**, Doylestown, PA (US); **Kenneth Marc Ghiron**, Allentown, PA (US); **Stanford W. Miller**, Kennesaw, GA (US)

U.S. PATENT DOCUMENTS

3,683,923 A 8/1972 Anderson
4,473,074 A 9/1984 Vassiliadis
(Continued)

(73) Assignee: **Neuronetics, Inc.**, Malvern, PA (US)

FOREIGN PATENT DOCUMENTS

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

CA 2295134 A1 7/1999
EP 0998958 A2 5/2000
(Continued)

This patent is subject to a terminal disclaimer.

OTHER PUBLICATIONS

(21) Appl. No.: **15/586,446**

Awiszus et al., "Characterization of Paired-Pulse Transcranial Magnetic Stimulation Conditions Yielding Intracortical Inhibition of I-Wave Facilitation using a Threshold Paradigm", Experimental Brain Research, vol. 129, No. 2, Nov. 1999, pp. 317-324.

(22) Filed: **May 4, 2017**

(Continued)

(65) **Prior Publication Data**

US 2017/0232267 A1 Aug. 17, 2017

Primary Examiner — Christine H Matthews

(74) *Attorney, Agent, or Firm* — Flaster Greenberg PC

Related U.S. Application Data

(63) Continuation of application No. 15/243,671, filed on Aug. 22, 2016, now Pat. No. 9,681,841, which is a
(Continued)

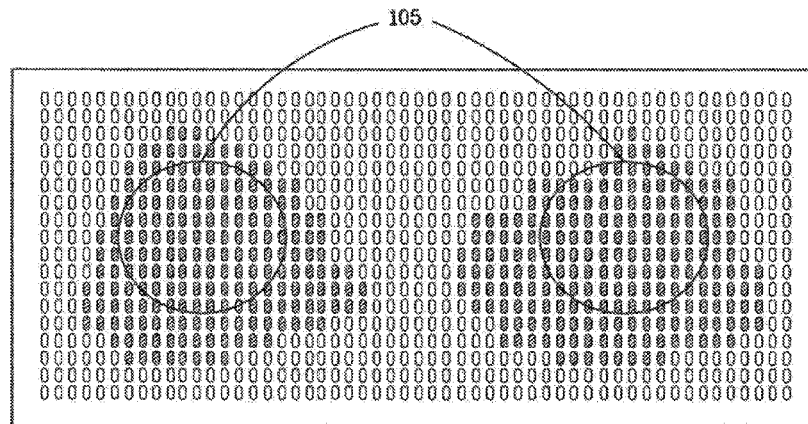
(51) **Int. Cl.**
A61N 2/00 (2006.01)
A61N 2/02 (2006.01)
(Continued)

(52) **U.S. Cl.**
CPC **A61N 2/006** (2013.01); **A61B 5/05** (2013.01); **A61B 5/684** (2013.01); **A61B 5/6835** (2013.01);
(Continued)

(57) **ABSTRACT**

A proximity sensor for a transcranial magnetic stimulation (TMS) system detects the proximity of a TMS coil assembly to a position at which the coil is to receive pulses during TMS treatment and provides feedback to the operator so that the operator may adjust the coil assembly to maintain optimal positioning during treatment. A flexible substrate containing a sensor or sensor array is disposed between the TMS coil assembly and the position such that the coupling of the TMS assembly to the position may be detected by the sensor(s). Sensor outputs are processed by signal processing circuitry to provide an indication of whether the TMS coil assembly is properly disposed with respect to the position during TMS treatment. A display provides an indication of

(Continued)



Display indicating good contact with scalp

how to adjust the TMS coil assembly to improve the positioning of the TMS coil assembly.

20 Claims, 17 Drawing Sheets

Related U.S. Application Data

continuation of application No. 13/449,379, filed on Apr. 18, 2012, now Pat. No. 9,421,392, which is a continuation of application No. 10/825,043, filed on Apr. 15, 2004, now Pat. No. 8,177,702.

(51) Int. Cl.

A61B 5/05 (2006.01)

A61B 5/00 (2006.01)

A61B 90/00 (2016.01)

(52) U.S. Cl.

CPC *A61B 5/6843* (2013.01); *A61B 5/6844* (2013.01); *A61N 2/02* (2013.01); *A61B 2090/065* (2016.02); *A61B 2562/0257* (2013.01); *A61B 2562/164* (2013.01)

(58) Field of Classification Search

CPC A61N 1/37217; A61N 1/37223; A61N 1/3787

See application file for complete search history.

(56)

References Cited

U.S. PATENT DOCUMENTS

4,638,798 A 1/1987 Shelden et al.
4,712,558 A 12/1987 Kidd et al.
4,995,395 A 2/1991 Ilmoniemi et al.
5,097,833 A 3/1992 Campos
5,116,304 A 5/1992 Cadwell
5,254,123 A 10/1993 Bushey
5,299,569 A 4/1994 Wernicke et al.
5,370,117 A 12/1994 McLaurin, Jr.
5,655,534 A 8/1997 Ilmoniemi
5,707,334 A 1/1998 Young
5,725,471 A 3/1998 Davey et al.
5,769,778 A 6/1998 Abrams et al.
5,812,301 A 9/1998 Nakamura
5,813,970 A 9/1998 Abrams et al.
5,820,623 A 10/1998 Ng
5,828,770 A 10/1998 Leis et al.
5,855,582 A 1/1999 Gildenberg
5,923,417 A 7/1999 Leis
6,061,644 A 5/2000 Leis
6,066,084 A 5/2000 Edrich et al.
6,086,525 A 7/2000 Davey et al.
6,091,981 A 7/2000 Cundari et al.
6,117,066 A 9/2000 Abrams et al.
6,169,963 B1 1/2001 Markov
6,179,771 B1 1/2001 Mueller
6,198,958 B1 3/2001 Ives et al.
6,210,317 B1 4/2001 Bonlie
6,253,109 B1 6/2001 Gielen
6,256,531 B1 7/2001 Ilmoniemi et al.
6,279,579 B1 8/2001 Riaziat et al.
6,288,785 B1 9/2001 Frantz et al.
6,355,049 B1 3/2002 Gill
6,366,814 B1 4/2002 Boveja et al.
6,389,318 B1 5/2002 Zarinetchi et al.
6,402,678 B1 6/2002 Fischell et al.
6,418,345 B1 7/2002 Tepper et al.
6,463,328 B1 10/2002 John
6,480,743 B1 11/2002 Kirkpatrick et al.
6,484,059 B2 11/2002 Gielen
6,488,617 B1 12/2002 Katz
6,497,648 B1 12/2002 Rey
6,503,187 B1 1/2003 Ilmoniemi et al.

6,516,213 B1 2/2003 Nevo
6,516,288 B2 2/2003 Bagne
6,537,197 B1 3/2003 Ruohonen et al.
6,551,233 B2 4/2003 Perreault et al.
6,553,326 B1 4/2003 Kirsch et al.
6,560,490 B2 5/2003 Grill et al.
6,567,702 B1 5/2003 Nekhendzy et al.
6,571,123 B2 5/2003 Ives et al.
6,572,528 B2 6/2003 Rohan et al.
6,625,563 B2 9/2003 Kirsch et al.
6,827,681 B2 12/2004 Tanner et al.
6,849,040 B2 2/2005 Ruohonen et al.
6,978,179 B1 12/2005 Flagge et al.
7,367,935 B2 5/2008 Mechlenburg et al.
7,651,459 B2 1/2010 Cameron et al.
8,177,702 B2 5/2012 Riehl et al.
9,421,392 B2 8/2016 Riehl et al.
9,681,841 B2* 6/2017 Riehl A61N 2/006
2001/0002441 A1 5/2001 Boveja
2001/0018547 A1 8/2001 Mechlenburg et al.
2002/0013612 A1 1/2002 Whitehurst
2002/0087101 A1 7/2002 Barrick et al.
2002/0087201 A1 7/2002 Firlik et al.
2002/0091419 A1 7/2002 Firlik et al.
2002/0103515 A1 8/2002 Davey et al.
2002/0160436 A1 10/2002 Markov et al.
2002/0169355 A1 11/2002 Rohan et al.
2003/0004392 A1 1/2003 Tanner et al.
2003/0023159 A1 1/2003 Tanner
2003/0028072 A1 2/2003 Fischell et al.
2003/0050527 A1 3/2003 Fox et al.
2003/0065243 A1 4/2003 Tanner
2003/0073899 A1 4/2003 Ruohonen et al.
2003/0074032 A1 4/2003 Gliner
2003/0082507 A1 5/2003 Stypulkowski
2003/0088274 A1 5/2003 Gliner et al.
2003/0097161 A1 5/2003 Firlik et al.
2003/0125786 A1 7/2003 Gliner et al.
2003/0130706 A1 7/2003 Sheffield et al.
2003/0212335 A1* 11/2003 Huang A61B 5/021
600/500
2004/0010177 A1 1/2004 Rohan et al.
2004/0019370 A1 1/2004 Gliner et al.
2004/0039279 A1 2/2004 Ruohonen
2004/0051279 A1 3/2004 Grant et al.
2004/0077921 A1 4/2004 Becker et al.
2004/0077923 A1 4/2004 Frimerman et al.
2004/0127942 A1 7/2004 Yomtov et al.
2004/0138524 A1 7/2004 Ueda et al.
2004/0153129 A1 8/2004 Pless et al.
2004/0167592 A1 8/2004 Grove et al.
2004/0172012 A1 9/2004 Otsuka et al.
2004/0193001 A1 9/2004 Miller
2004/0193002 A1 9/2004 Tanner et al.
2005/0021104 A1 1/2005 DiLorenzo
2005/0124848 A1 6/2005 Holzner
2005/0216071 A1 9/2005 Devlin et al.
2005/0228209 A1 10/2005 Schneider et al.
2005/0234286 A1 10/2005 Riehl et al.
2005/0256539 A1 11/2005 George et al.
2006/0052687 A1 3/2006 Ruohonen
2012/0253098 A1 10/2012 George et al.

FOREIGN PATENT DOCUMENTS

EP 1273320 A1 1/2003
JP 2000-504966 A 4/2000
JP 2003-180649 A 7/2003
JP 2004-511314 A 4/2004
JP 2005-528141 A 9/2005
WO WO 1998/006342 A1 2/1998
WO WO 1999/064884 A1 12/1999
WO WO 2000/074777 A1 12/2000
WO WO 2001/012236 A2 2/2001
WO WO 2001/028622 A2 4/2001
WO WO 2001/097906 A2 12/2001
WO WO 2002/009811 A1 2/2002
WO WO 2002/031604 A1 4/2002
WO WO 2002/032504 A2 4/2002

(56)

References Cited

FOREIGN PATENT DOCUMENTS

WO	WO 2002/072194	A2	9/2002
WO	WO 2002/085449	A2	10/2002
WO	WO 2002/085454	A1	10/2002
WO	WO 2002/089902	A2	11/2002
WO	WO 2002/094997	A2	11/2002
WO	WO 2003/035163	A2	5/2003
WO	WO 2003/084605	A1	10/2003
WO	WO 2003/090604	A2	11/2003
WO	WO 2003/098268	A1	11/2003
WO	WO 2004/100765	A2	11/2004
WO	WO 2005/000401	A1	1/2005
WO	WO 2005/065768	A1	7/2005
WO	WO 2005/067610	A2	7/2005
WO	2008/070001	A2	6/2008

OTHER PUBLICATIONS

Baudewig et al., "Functional MRI of Cortical Activations Induced by Transcranial Magnetic Stimulation (TMS)", *Brain Imaging-Neuro Report*, vol. 12, No. 16, Nov. 16, 2001, pp. 3543-3548.

Bohning et al., "A Combined TMS/fMRI Study of Intensity-Dependant TMS Over Motor Cortex", *Society of Biological Psychiatry*, vol. 45, No. 4, Feb. 15, 1999, pp. 385-394.

Bohning et al., "A TMS Coil Positioning/Holding System for MR Image-Guided TMS/Inter Leaved with fMRI", *Clinical Neurophysiology*, vol. 114, No. 11, Nov. 2003, 114(11), pp. 2210-2219.

Bohning et al., "Bold-fMRI Response to Single-Pulse Transcranial Magnetic Stimulation (TMS)", *Journal of Magnetic Resonance Imaging*, vol. 11, No. 6, Jun. 2000, pp. 569-574.

Garcia-Taro et al., "Modest Adjunctive Benefit with Transcranial Magnetic Stimulation in Medication-Resistant Depression", *Journal of Affective Disorders*, vol. 64, No. 2-3, May 2001, pp. 271-275.

George et al., "A Controlled Trial of Daily Left Prefrontal Cortex TMS for Treating Depression", *Society of Biological Psychiatry*, vol. 48, No. 10, Nov. 15, 2000, pp. 962-970.

George, M.S., "New Methods of Minimally Invasive Brain Modulation as Therapies in Psychiatry: TMS, MST, VNS and DBS", *Chinese Medical Journal (Taipei)*, vol. 65, No. 8, Aug. 2002, pp. 349-360.

Greene, Y.M., "Electromagnetic Stimulation Relieves Depression", Available at <http://HealthyPlace.com>, May 17, 1999, 3 pages.

Hess et al., "Magnetic Stimulation of the Human Brain: Influence of Size and Shape of the Stimulating Coil", *Motor Disturbances II*, vol. 3, May 1990, pp. 31-42.

Lao et al., "Transcranial Magnetic Stimulation (TMS) in Controlled Treatment Studies: Are Some "Sham" Forms Active?", *Society of Biological Psychiatry*, vol. 47, No. 4, Feb. 15, 2000, pp. 325-331.

Lisanby et al., "Magnetic Seizure Therapy of Major Depression", *Arch. Gen. Psychiatry*, vol. 58, Mar. 2001, pp. 303-307.

Lisanby et al., "Safety and Feasibility of Magnetic Seizure Therapy (MST) in Major Depression: Randomized Within-Subject Comparison with Electroconvulsive Therapy", *Neuropsychopharmacology*, New York State Psychiatric Institute, vol. 28, No. 10, Jul. 2003, pp. 1852-1865.

Lisanby et al., "Sham TMS: Intracerebral Measurement of the Induced Electrical Field and the Induction of Motor-Evoked Potentials", *Society of Biological Psychiatry*, vol. 49, No. 5, Mar. 1, 2001, pp. 460-463.

Lisanby, S. H., "Update on Magnetic Seizure Therapy: A Novel Form of Convulsive Therapy", *The Journal of ECT*, vol. 18, No. 4, Dec. 2002, pp. 182-188.

Lamina et al., "Effects of Transcranial Magnetic Stimulation on EEG Activity", *IEEE transactions on Magnetics*, vol. 38, No. 5, Sep. 2002, pp. 3347-3349.

Nahas et al., "Left Prefrontal Transcranial Magnetic Stimulation (TMS) Treatment of Depression in Bipolar Affective Disorder: A Pilot Study of Acute Safety and Efficacy", *Bipolar Disorders*, vol. 5, No. 1, Feb. 2003, pp. 40-47.

Nahas et al., "Safety and Feasibility of Repetitive Transcranial Magnetic Stimulation in the Treatment of Anxious Depression in Pregnancy: A Case Report", *J. Clin. Psychiatry*, vol. 60, Jan. 1999, pp. 50-52.

Nahas et al., "Unilateral Left Prefrontal Transcranial Magnetic Stimulation (TMS) Produces Intensity-Dependent Bilateral Effects as Measured by Interleaved BOLD fMRI", *Society of Biological Psychiatry*, vol. 50, No. 9, Nov. 1, 2001, pp. 712-720.

Pascual-Leone et al., "Rapid-Rate Transcranial Magnetic Stimulation of Left Dorsolateral Prefrontal Cortex in Drug-Resistant Depression", *The Lancet*, vol. 348, No. 9022, Jul. 27, 1996, pp. 233-237.

Pridmore, S., "Rapid Transcranial Magnetic Stimulation and Normalization of the Dexamethasone Suppression Test", *Psychiatry and Clinical Neurosciences*, vol. 53, No. 1, Feb. 1999, pp. 33-37.

Roth et al., "A Coil Design for Transcranial Magnetic Stimulation of Deep Brain Regions", *Journal of Clinical Neurophysiology*, vol. 19, No. 4, Aug. 2002, pp. 361-370.

Ruohonen, J., "Electroencephalography Combined with TMS", *BioMag Laboratory, Helsinki University Central Hospital*, Available at <http://www.biomag.helsinki.fi/tms/TMSEEG.html>, Oct. 6, 1999, 22 pages.

Sommer et al., "Increased Transcranial Magnetic Motor Threshold after ECT", *European Archives of Psychiatry and Clinical Neuroscience*, vol. 252, No. 5, Oct. 2002, pp. 250-252.

Terrace et al., "The Cognitive Effects of Electroconvulsive Shock and Magnetic Seizure Therapy in Rhesus Monkeys", *Society for Neuroscience Abstract Viewer and Itinerary Planner*, vol. 27, No. 1, Dec. 2002, 1418 page.

Trivedi, M. H., "Treatment-Resistant Depression: New Therapies on the Horizon", *Annals of Clinical Psychiatry*, vol. 15, No. 1, Mar. 2003, pp. 59-70.

Wassermann, E. M., "Repetitive Transcranial Magnetic Stimulation: An Introduction and Overview", *CNS Spectrums, The International Journal of Neuropsychiatric Medicine*, Jan. 1997, 7 pages.

Grafman, Jordan, "TMS as a Primary Brain Mapping Tool", *Transcranial Magnetic Stimulation in Neuropsychiatry*, First Edition, American Psychiatric Press, 2000, pp. 115-140.

Lorberbaum et al., "Safety Concerns of TMS", *Transcranial Magnetic Stimulation in Neuropsychiatry*, First Edition, American Psychiatric Press, 2000, pp. 141-161.

* cited by examiner

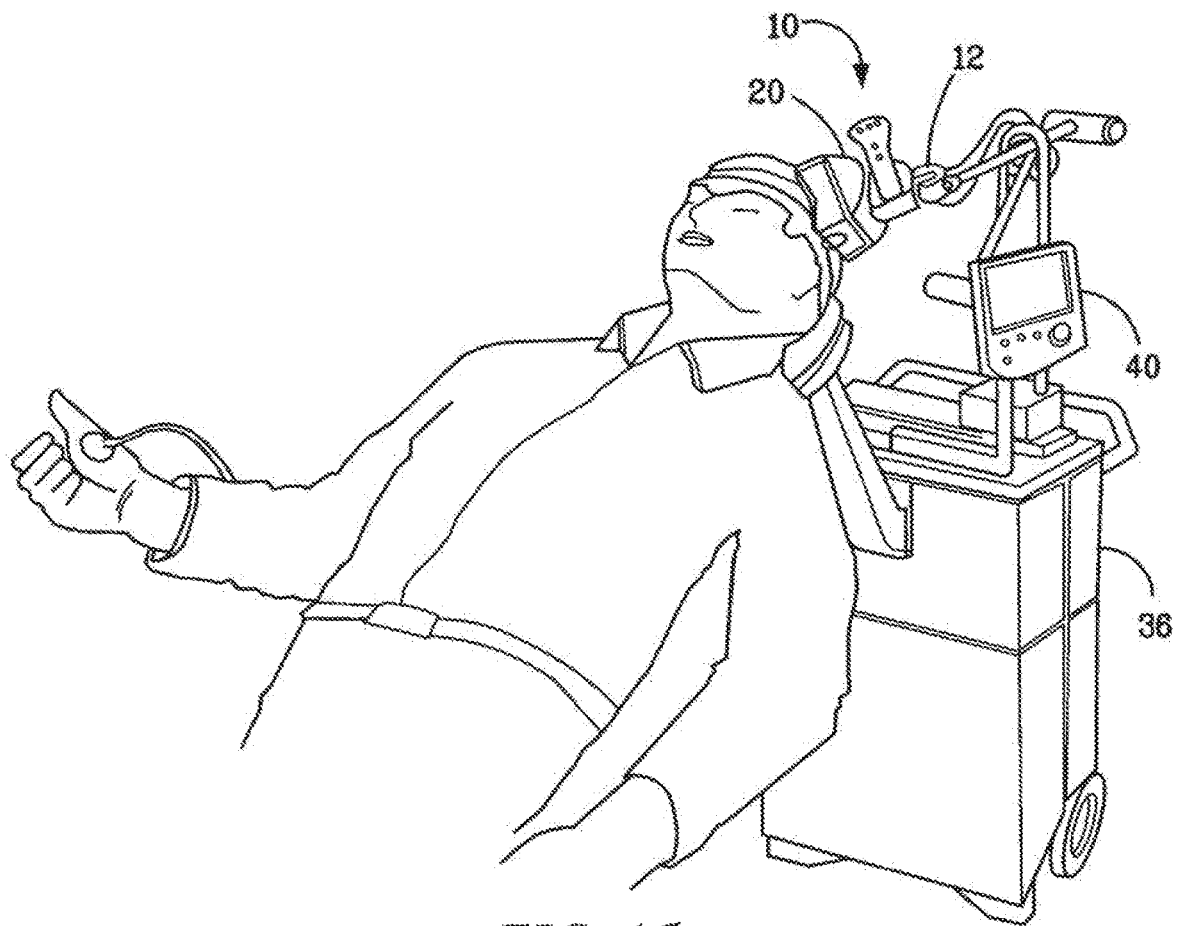


FIG. 1A

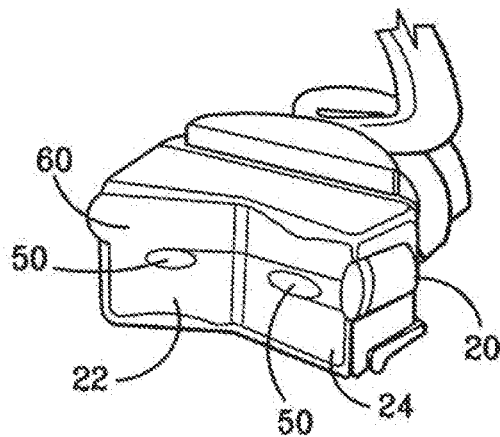
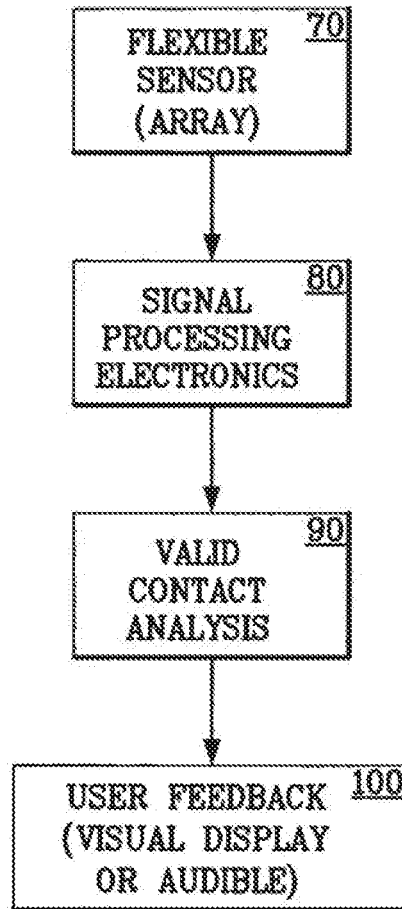
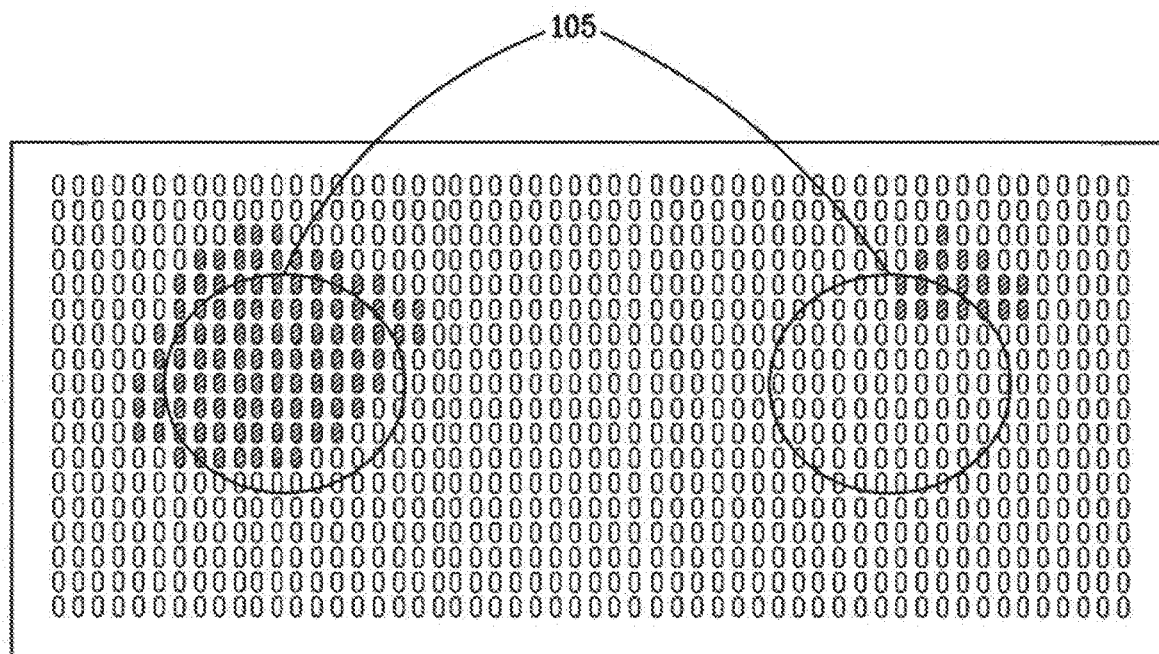
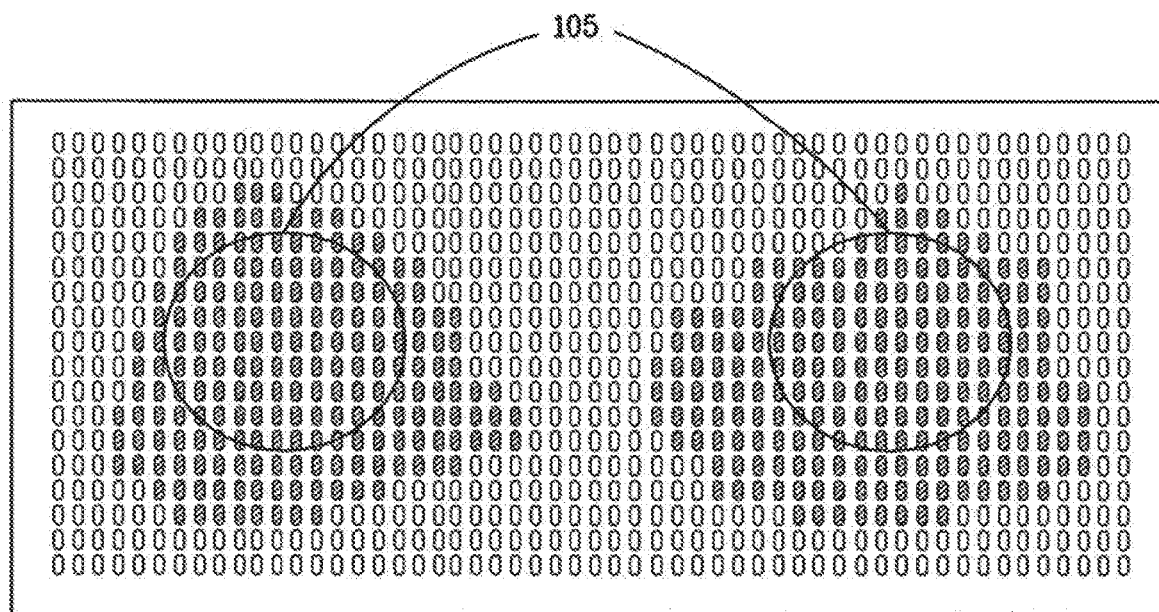


FIG. 1B

*FIG. 2*



Display indicating poor contact with scalp

FIG. 3A

Display indicating good contact with scalp

FIG. 3B

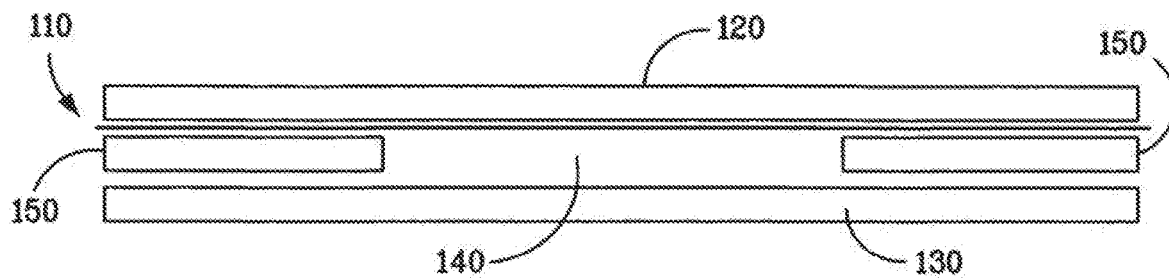


FIG. 4A

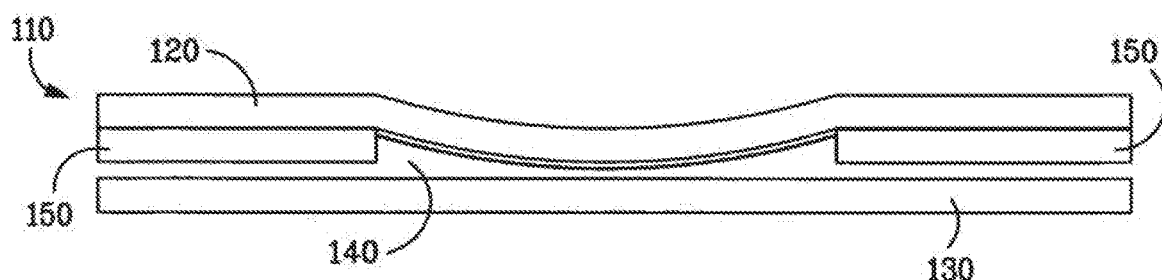


FIG. 4B

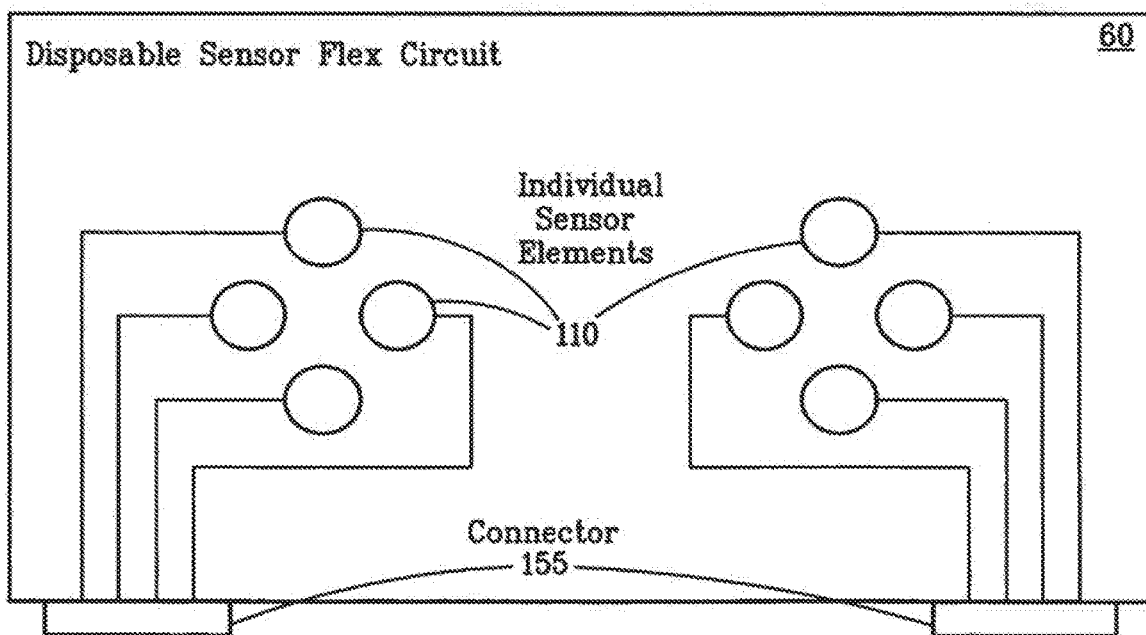
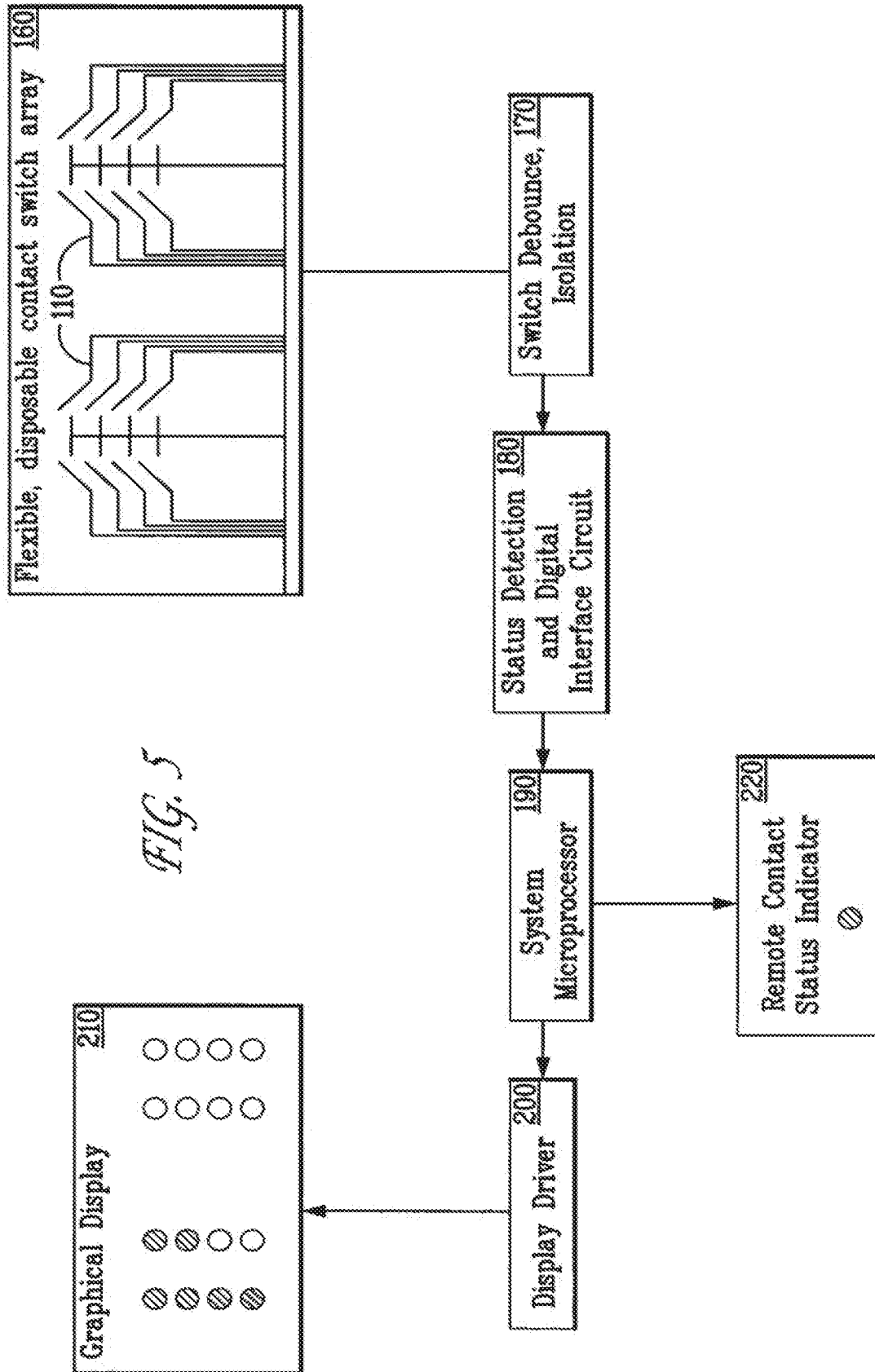


FIG. 4C



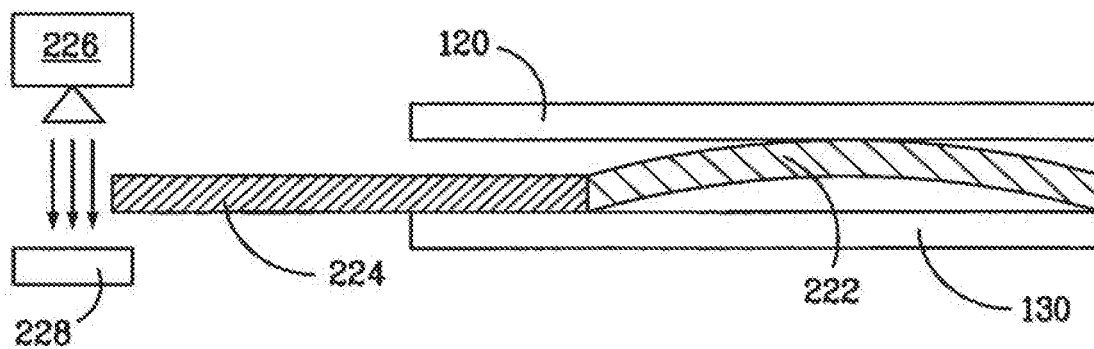


FIG. 6A

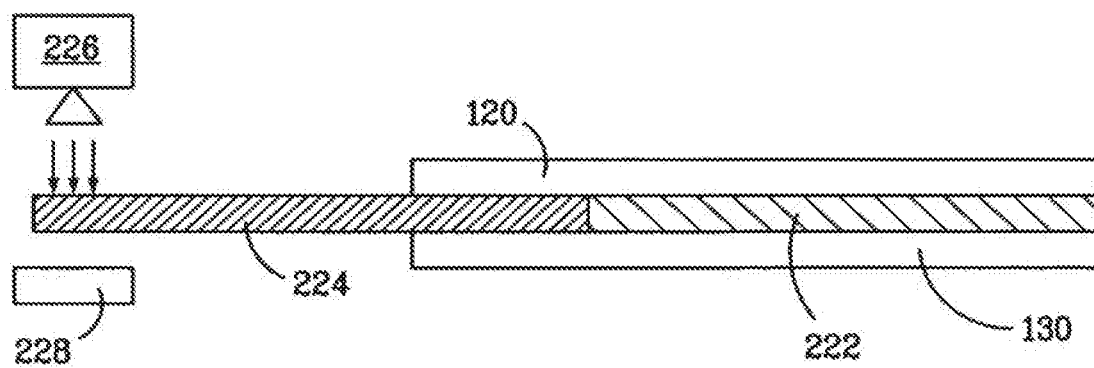


FIG. 6B

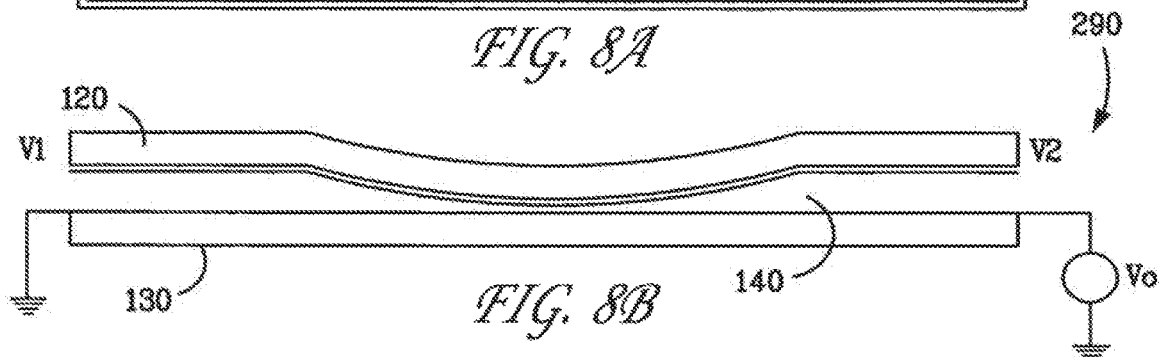
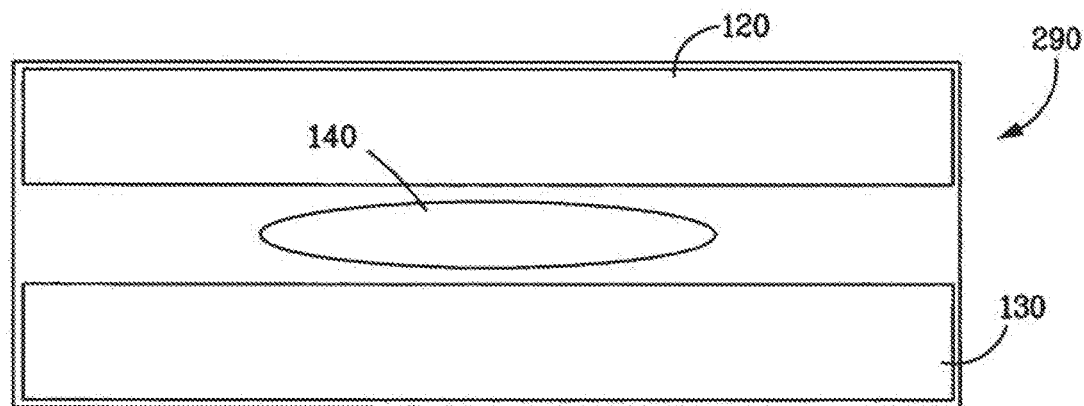
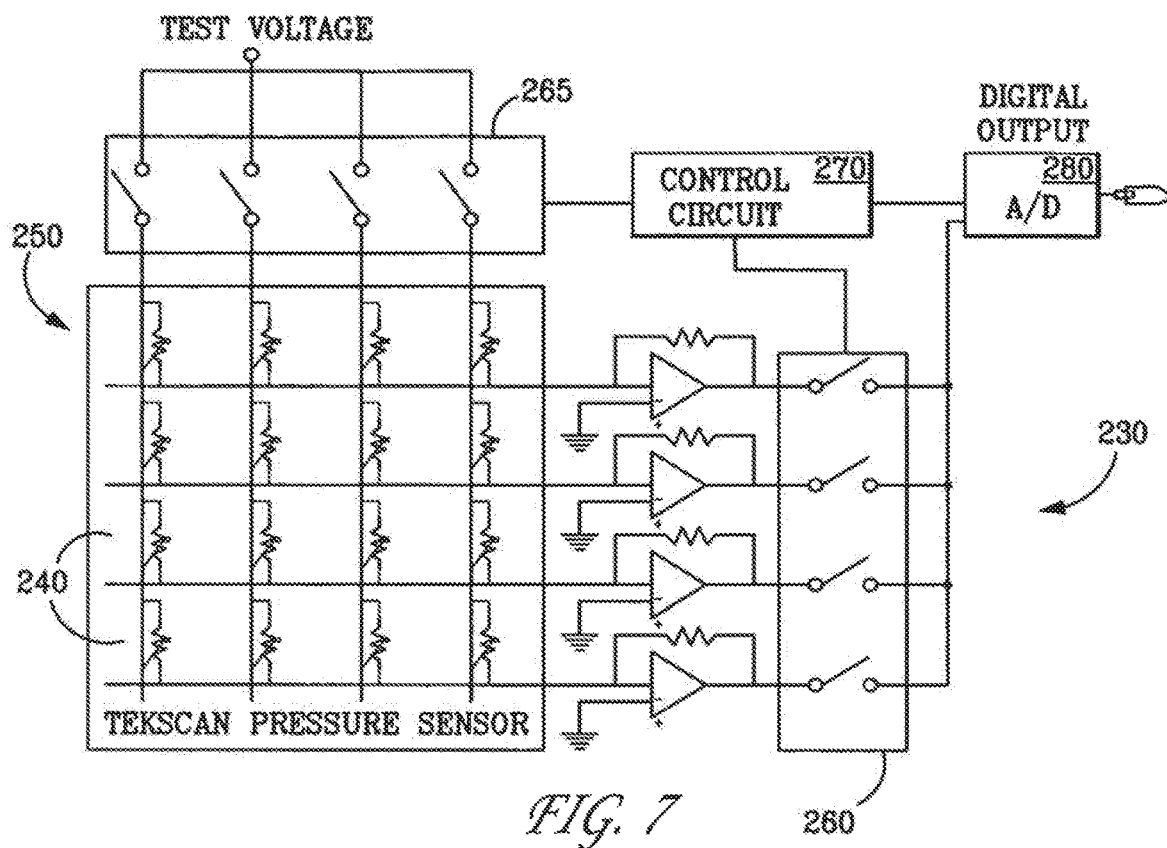


FIG. 9

Two layers of conductive coated
flexible substrate separated by
non-conductive dots or strips

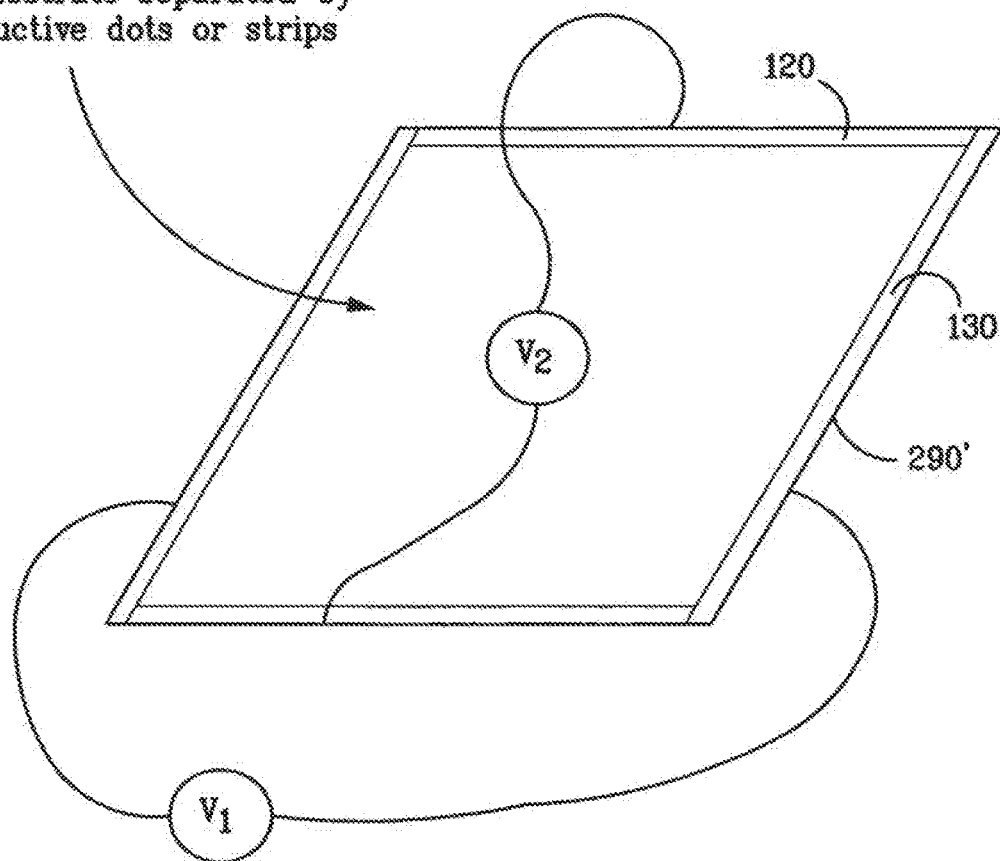
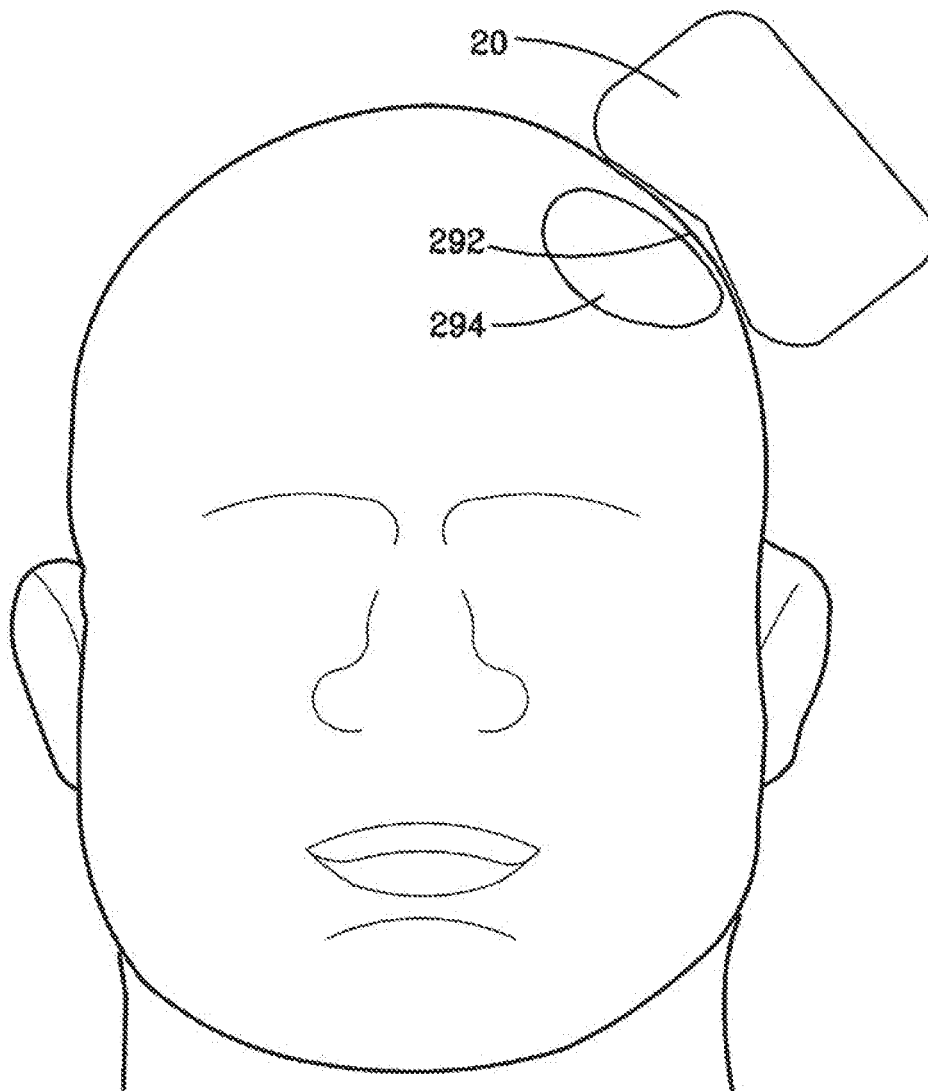


FIG. 10



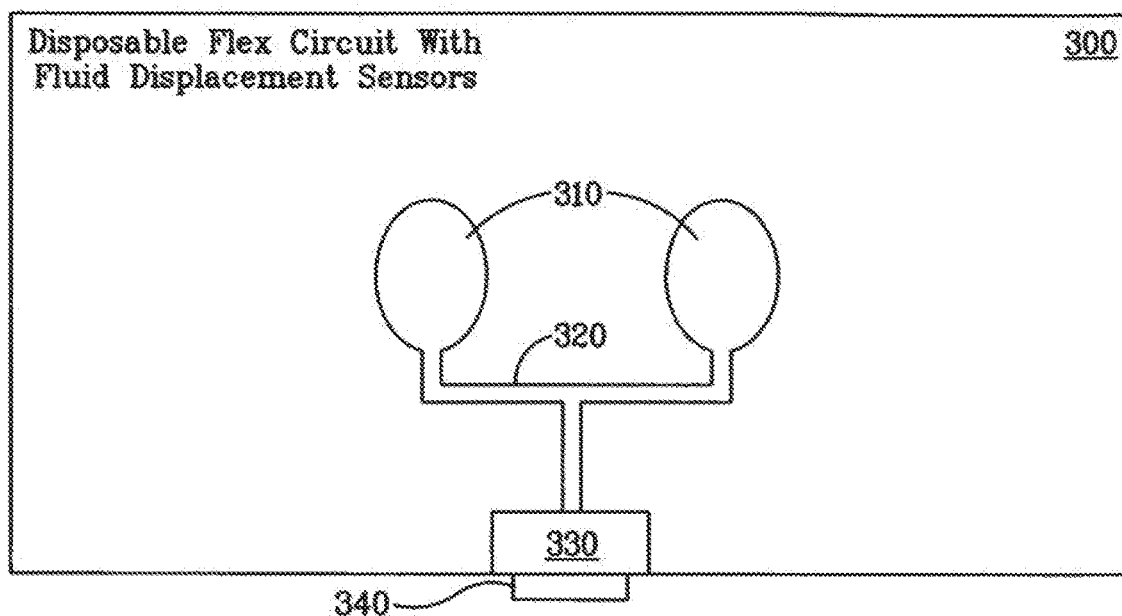


FIG. 11A

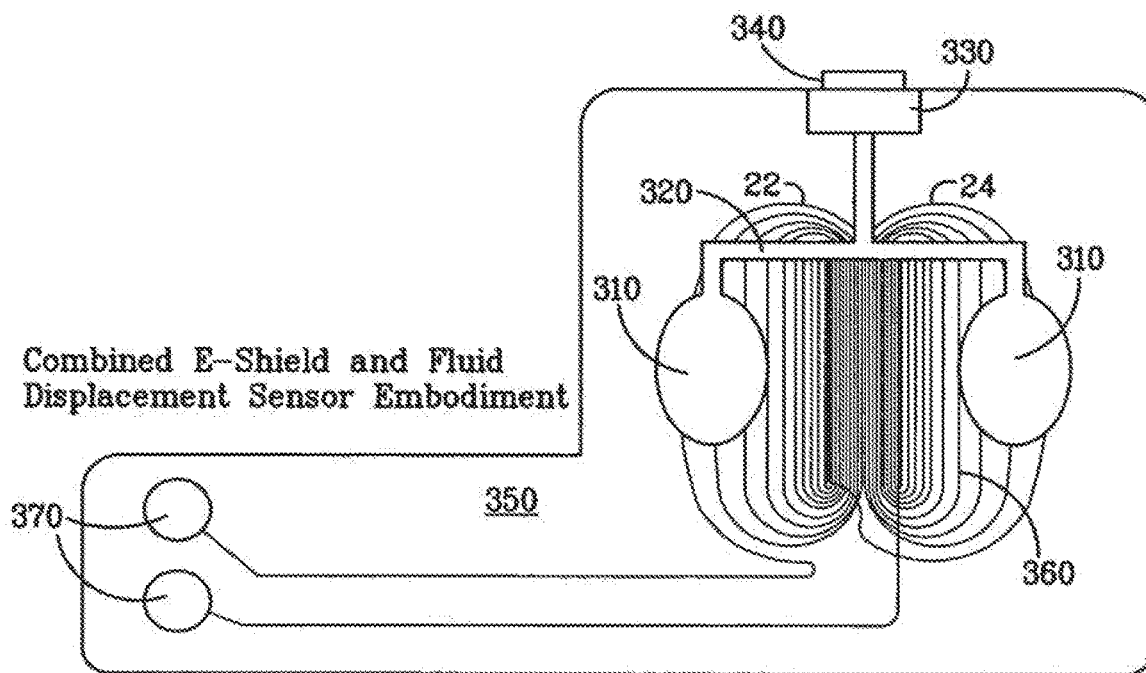


FIG. 11B

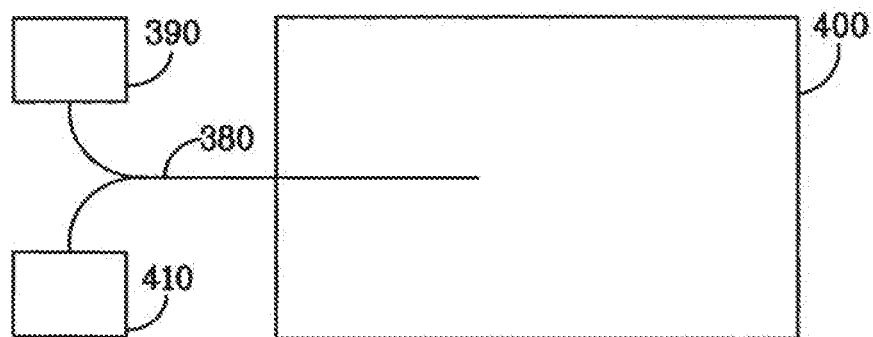


FIG. 12A

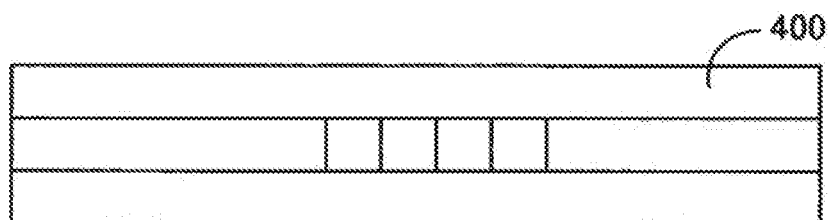


FIG. 12B

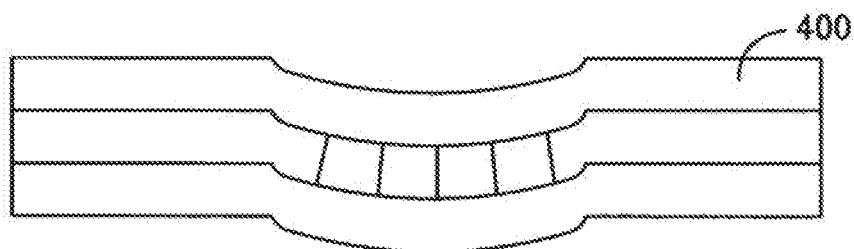


FIG. 12C

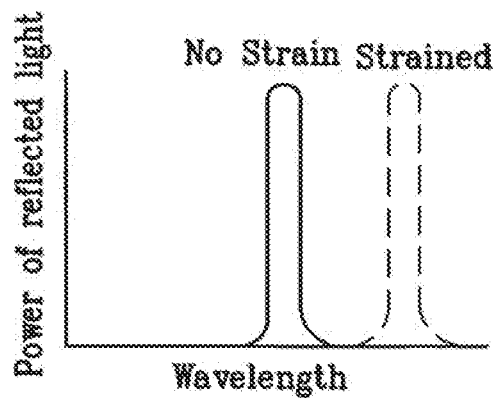


FIG. 12D

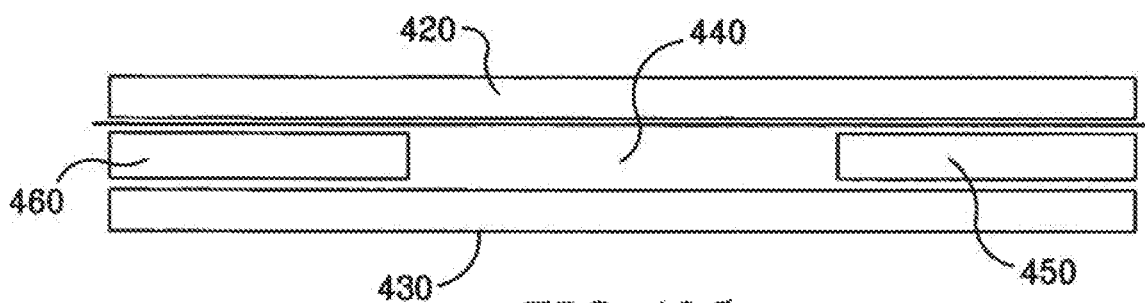


FIG. 13A

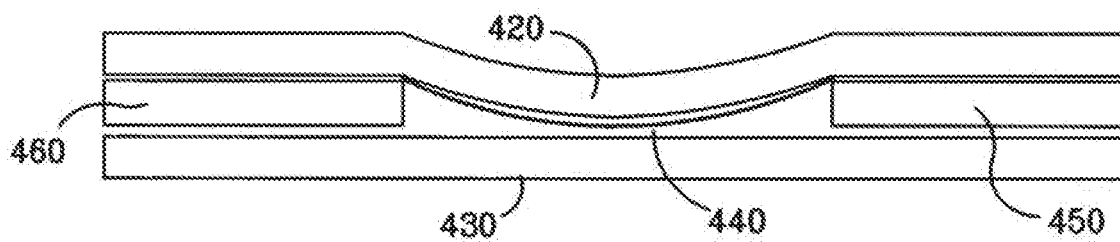


FIG. 13B

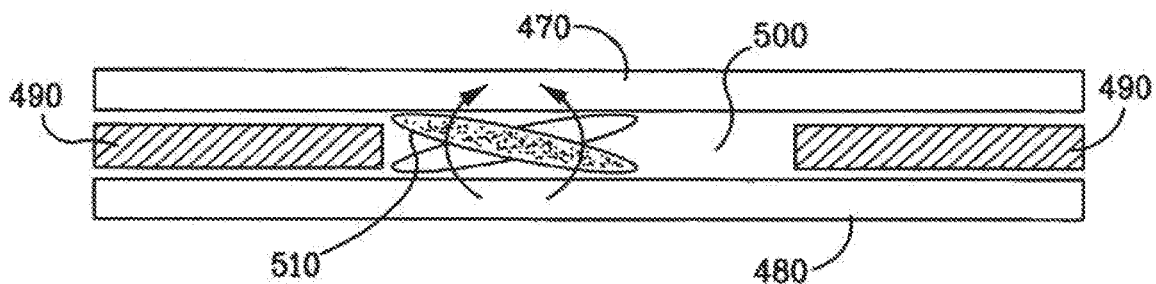


FIG. 14A

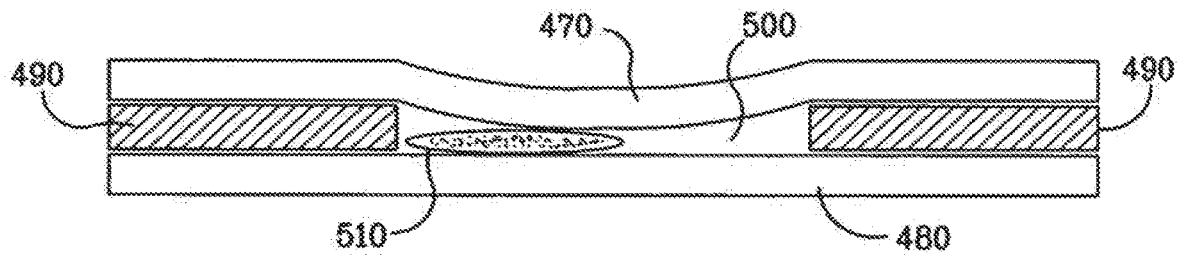


FIG. 14B

FIG. 15

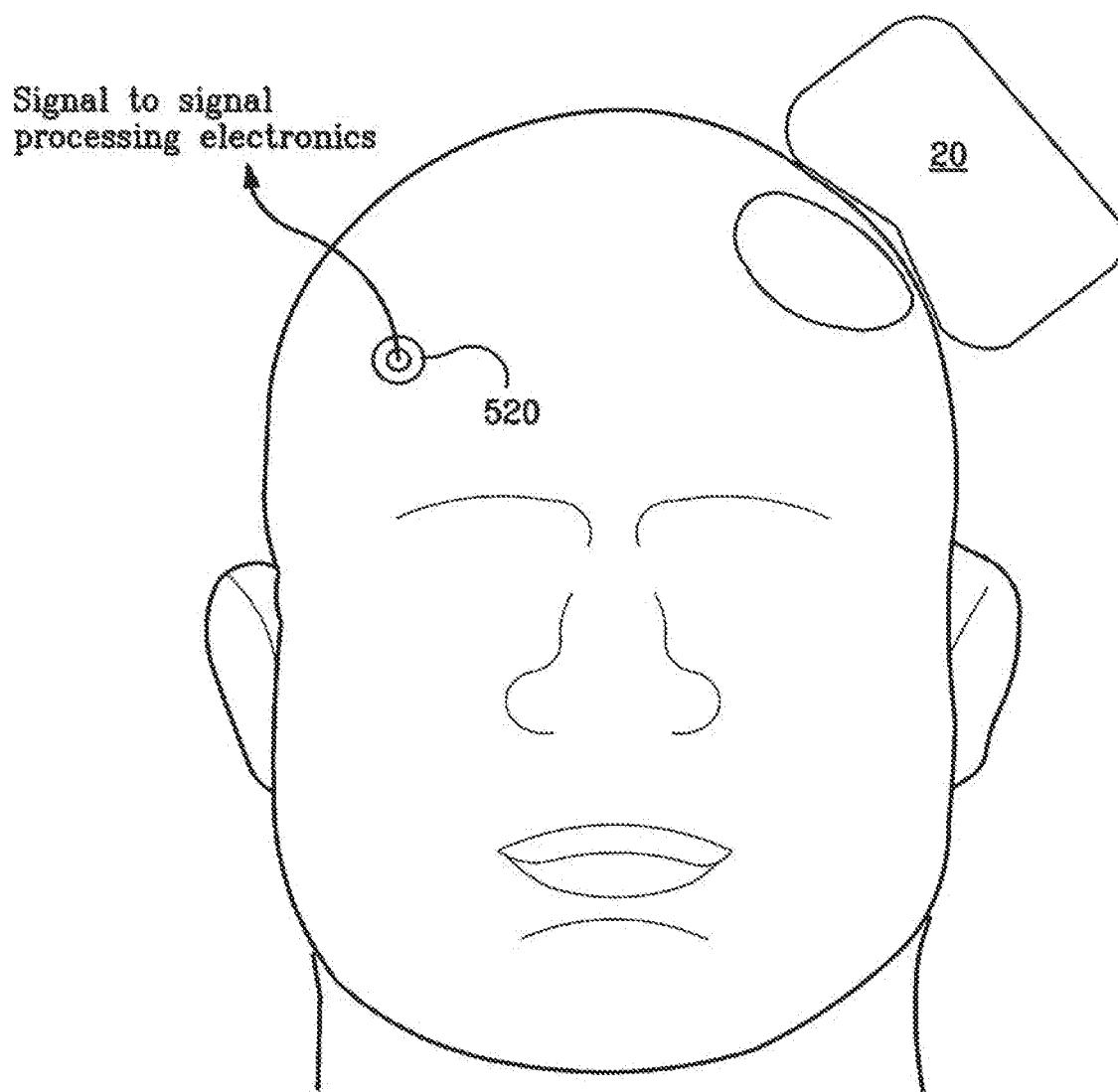


FIG. 16A

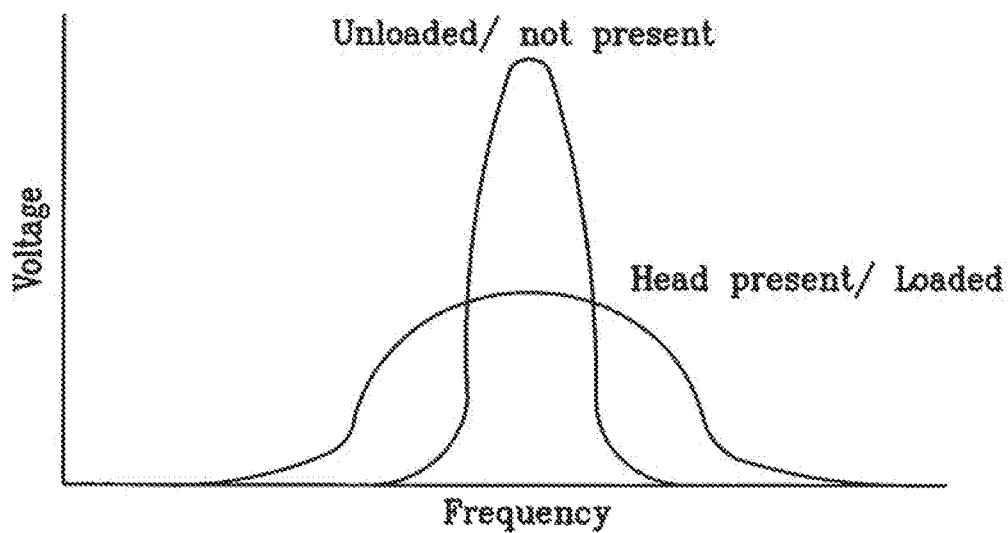
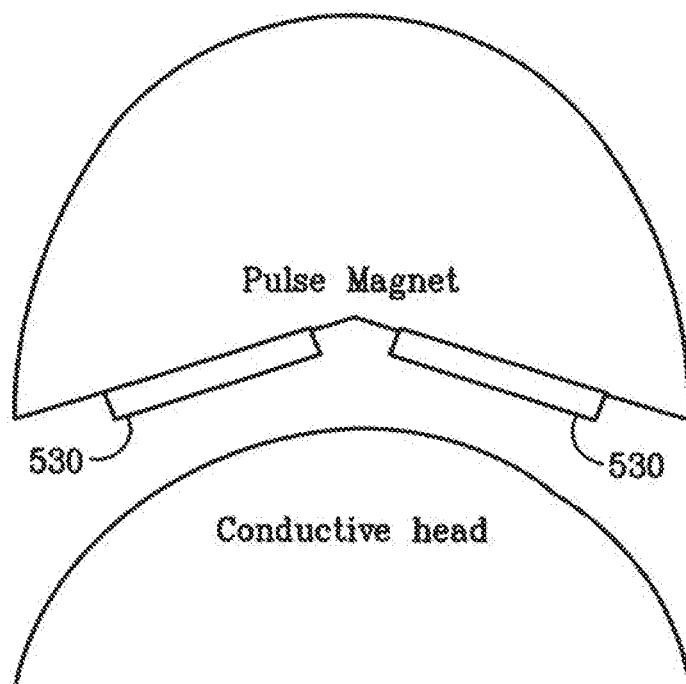


FIG. 16B

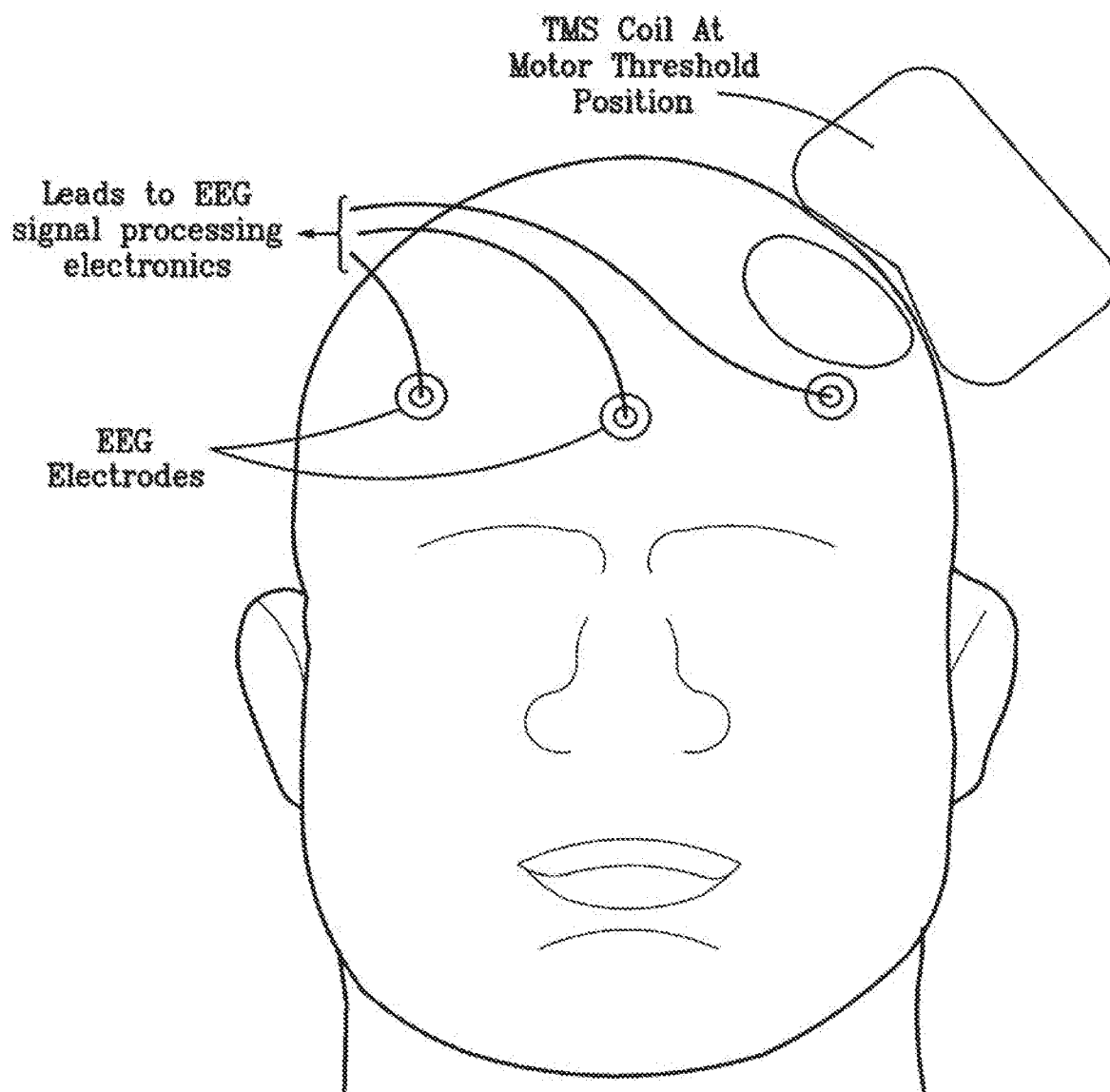
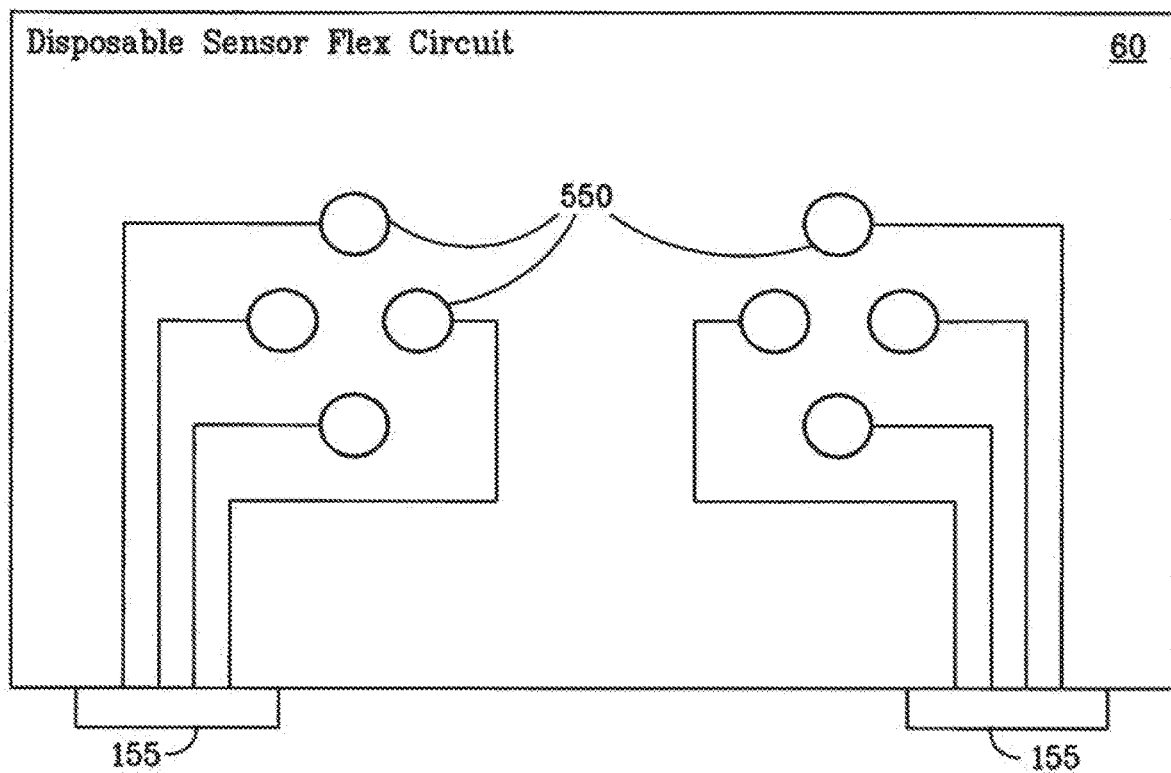
FIG. 17

FIG. 18

METHOD AND APPARATUS FOR DETERMINING THE PROXIMITY OF A TMS COIL TO A SUBJECT'S HEAD

CROSS REFERENCE TO RELATED APPLICATION

This application is a continuation of U.S. application Ser. No. 15/243,671, filed Aug. 22, 2016, which is a continuation of U.S. application Ser. No. 13/449,379, filed Apr. 18, 2012, now U.S. Pat. No. 9,421,392, which claims the benefit of U.S. application Ser. No. 10/825,043 filed on Apr. 15, 2004, now U.S. Pat. No. 8,177,702, which is incorporated herein by reference as if fully set forth.

FIELD OF THE INVENTION

The present invention relates to a method and apparatus for determining the proximity of a TMS treatment coil to a position on a patient and, more particularly, to a proximity measurement and contact positioning apparatus and method for determining whether a TMS coil is properly seated against a patient's head during treatment.

BACKGROUND OF THE INVENTION

Current methods of placement and positioning of coils for Transcranial Magnetic Stimulation (TMS) studies are either manual methods or approaches designed for research that require expensive and complex imaging or computational systems to determine three dimensional spatial coordinates for positioning reference. These techniques have severe clinical limitations. The manual methods do not provide a convenient means for repeated and accurate placement, while the three dimensional spatial methods based on imaging modalities are expensive, time consuming, and not conducive to clinical use. Accordingly, the present assignee has developed a positioning technique for clinical use that provides a simple way for the operator to perform repeated and accurate coil placement for TMS studies and treatments in a time-efficient and inexpensive manner. This TMS coil positioning technique is described in U.S. patent application Ser. No. 10/752,164, filed on Jan. 6, 2004, the contents of which are incorporated herein by reference.

Further techniques are also needed to comfortably hold the coil in place at the treatment position throughout a therapy session. Close approximation of the TMS stimulation coil to the patient's head during location of the motor threshold position or during therapy applications is critical to ensure that the proper magnetic field intensity is applied to the patient. The coil must remain in contact with the scalp throughout the application of stimulation pulses. The clinician does not currently have a good method to ensure that the coil is in contact, and has no means of feedback as to whether the coil has moved away from the scalp during treatment. If the coil movement occurs during the motor threshold (MT) level determination procedure, an inappropriately high power setting may be used. On the other hand, if the movement occurs after MT determination and during the treatment session, an inappropriately low magnetic field may be applied to the patient resulting in possibly reduced efficacy.

Current methods of holding the TMS coil against the patient's head include holding it by hand throughout the TMS procedure, supporting it with a mechanical arm and relying on the patient to remain still relative to the coil throughout the procedure, and mechanical alignment meth-

ods (e.g. Brainsight™ system) that physically restrain the patient's head against the coil. However, such solutions do not ensure that the coil is initially positioned against the patient's head or that the coil stays against the head throughout the procedure. These methods rely on the clinician to visually observe that contact is being made. Such observations may not be reliably be made continuously throughout the procedure. In addition, there are no solutions that provide feedback to the operator as to the state of coil contact.

Many companies provide pressure and contact sensors, including for medical applications (e.g. Tekscan), but these sensors are not designed for optimal use in the unique environment of a pulsed high magnetic field or for TMS use, and the present inventors are not aware that such sensors have been used to assist the clinician in maintaining TMS coil contact with a subject's head throughout treatment. Accordingly, an apparatus and technique for detecting that a TMS coil is and remains in contact with the patient throughout the TMS therapy procedure is needed. The present invention addresses this need in the art.

SUMMARY OF THE INVENTION

The present invention addresses the above-mentioned needs in the art by providing a transcranial magnetic stimulation (TMS) system having a TMS coil assembly, a pulse generating device that applies pulses to the TMS coil assembly during TMS treatment of a patient, a sensor disposed between the TMS coil assembly and the position at which pulses are applied (e.g., motor threshold or TMS treatment position) that detects proximity of the TMS coil assembly to the position, and signal processing circuitry that processes outputs of the sensor to provide an indication of whether the TMS coil assembly is properly disposed with respect to the position during application of pulses to the TMS coil assembly. The indication is preferably provided to a display device that indicates to an operator of the TMS device whether the TMS coil assembly is properly positioned at the position and/or in which direction to move the TMS coil assembly to the position in the event that the TMS coil assembly is not at the position. The indication also may be provided to a sound generator that generates a sound that is detected to indicate to an operator of the TMS device whether the TMS coil assembly is properly positioned at the position.

The sensor comprises a plurality of sensors, such as a sensor array, that may be disposed in or on a flexible substrate that is, in turn, placed between the TMS coil assembly and the position to determine if the TMS coil assembly is properly positioned with respect to the position during TMS therapy.

In a first embodiment, the sensors may comprise membrane switches that change state when depressed. The membrane switches may, in turn, include resistive strips that provide an output voltage that varies with position of contact on the membrane switches. The membrane switches also may include an array of separators between respective conductive films so as to form a touch screen.

In a second embodiment, the sensors may comprise variable resistance sensors that provide an output signal that is proportionate to applied contact pressure, whereby a change in resistance above a predetermined threshold is identified as an indication of contact.

In a third embodiment, the sensors may comprise one or more fluid displacement sensors and fluid filled bladders connected by a non-compressible manifold to the fluid displacement sensors such that compression of a bladder causes a change in pressure at the fluid displacement sensor.

Preferably, the fluid filled bladders are disposed directly over respective pole faces of a TMS coil of the TMS coil assembly and fluid in the fluid filled bladders is a substantially non-electrically-conductive fluid so as not to interfere with the TMS field.

In a fourth embodiment, the sensors may comprise optical fibers that cross the position and an optical grating disposed on the substrate, whereby light passing through the optical fibers is deflected when contact is made by the TMS coil assembly to the position so as to change an amount of light reflected by the optical grating. The reflected light is detected by an optical detector.

In a fifth embodiment, the sensors may comprise an acoustic device that produces an acoustic sound (that may or may not be in the human audible range) when a TMS coil of the TMS coil assembly is pulsed and reduces an amplitude of the sound as the acoustic device is compressed by the TMS coil assembly against the position. Acoustic sensors detect the sound and provide a proportionate voltage signal to the signal processing circuitry for a determination as to whether an amplitude change has occurred. Acoustic sensors are not necessary if a conductive disk is configured to "rattle" in a cavity when a magnetic field is applied but is inhibited from "rattling" when the sensor is compressed against the patient.

In a sixth embodiment, the sensors may comprise inductive coupling sensors including at least one tuned coil mounted at the position on the patient. A tuned frequency of the tuned coil is selected to shift when the TMS coil assembly is in physical contact with the position. A shape of the tuned coil may be distorted when compressed against the position by the TMS coil assembly such that the resulting induced current in the tuned coil may be detected by the signal processing circuitry to provide the indication of whether the TMS coil assembly is in contact with the patient at the position.

In a seventh embodiment, the sensors may comprise EEG leads that sense currents induced in the position by a TMS pulse from the TMS coil assembly. In this embodiment, the signal processing circuitry compares amplitudes of sensed currents to a threshold to obtain an indication of whether the TMS coil assembly is properly disposed with respect to the position during TMS treatment.

In an eighth embodiment, the sensors may comprise temperature sensors. In this embodiment, the signal processing circuitry processes outputs of the temperature sensors to determine if a temperature difference between respective temperature sensors is above a predetermined threshold of if the measured temperature of one or more of the temperature sensors unexpectedly changes significantly. The predetermined threshold is set such that movement of a temperature sensor from against the head to away from the head, for example, causes a temperature change that is above the threshold while a change in sensed temperature when in the proper contact position does not exceed the threshold and may instead be used as a zeroed baseline temperature.

In a ninth embodiment, the sensors may comprise a loop of conducting material placed at the treatment position (e.g., affixed to the patient's scalp). When the TMS coil assembly is in proximity to the loop of conducting material, a voltage is induced therein when pulses are applied to the TMS coil assembly.

In a tenth embodiment, the sensors comprise an acoustic sensor (in or out of the audible range) that detects acoustic waves generated when a pulse is applied to the TMS coil assembly and that are mechanically coupled to the patient's skull and transmitted to the acoustic sensor. Decoupling of

the TMS coil assembly from the patient's head causes changes in the acoustic waves that are detected by the acoustic sensor.

Other currently available sensor embodiments may be implemented by those skilled in the art based on the following detailed description.

BRIEF DESCRIPTION OF THE DRAWINGS

The above and other features and advantages will become apparent to those skilled in the art based on the following detailed description of the drawing figures, of which:

FIG. 1A illustrates TMS system for TMS therapy using the coil position sensing system of the invention.

FIG. 1B illustrates the attachment of a flexible circuit substrate containing proximity sensors to the respective coil faces of the TMS coil assembly for detecting the proximity of the TMS coil to the position at which pukes are to be supplied by the TMS coil assembly in accordance with the invention.

FIG. 2 illustrates a general overview of the signal processing electronics for TMS coil proximity sensing in accordance with the invention.

FIG. 3A illustrates a sample operator display indicating poor contact with the patient's scalp.

FIG. 3B illustrates a sample operator display indicating good contact with the patient's scalp.

FIGS. 4A and 4B illustrate membrane switches in the no contact (FIG. 4A) and contact (FIG. 4B) positions for use as proximity sensors in accordance with the invention.

FIG. 4C illustrates an array of membrane switches fabricated on a flexible substrate for application to the face of the TMS coil assembly in accordance with the invention.

FIG. 5 illustrates a system configuration employing an array of membrane switches in accordance with the invention.

FIGS. 6A and 6B illustrate a sample micro slide embodiment in which a pre-bent actuator arm causes an opaque sliding arm to slide between a light source and an optical detector when depressed.

FIG. 7 illustrates a multiplexing data acquisition circuit for sampling variable resistance force sensors configured in an array in accordance with the invention.

FIG. 8A illustrates a plan view of a strip sensor before compression.

FIG. 8B illustrates a cross-section of a strip sensor after compression.

FIG. 9 illustrates an embodiment in which electrodes of a strip sensor are separated by an array of separators or non-conductive dots to create a touch screen sensor.

FIG. 10 illustrates an embodiment in which a loop or loops of conducting material may be affixed to the patient's head at the motor threshold (MT) position and/or the position for depression treatment.

FIG. 11A illustrates fluid displacement sensors fabricated on a flexible, disposable substrate for placement on the TMS coil assembly for proximity detection in accordance with the invention.

FIG. 11B illustrates the fluid displacement sensors of FIG. 11A manufactured on the same physical substrate as an e-shield device for use in TMS applications in accordance with the invention.

FIGS. 12A-12C illustrate an optical fiber sensor embodiment in which light is directed via an optical fiber (FIG. 12A) toward a fiber Bragg grating (FIG. 12B) where the

light is deflected by fiber(s) of the fiber Bragg grating as illustrated in FIG. 12C so as to affect light transmission efficiency.

FIG. 12D illustrates shifting of the reflectance peak to longer wavelengths by the optical fiber sensor of FIGS. 12A-12C.

FIG. 13A illustrates a sample acoustic sensor embodiment in which flexible membranes in a non-contact position are separated by an acoustic channel that, in turn, connects an acoustic source to an acoustic transducer.

FIG. 13B illustrates that when the flexible membranes of FIG. 13A are pressed (against the head, for example), the acoustic channel is disrupted, thereby reducing the sound in magnitude and/or causing a frequency shift.

FIG. 14A illustrates an embodiment of a device including flexible membranes separated by spacers so as to define a cavity including a conductive disk that rattles within the cavity when the ambient magnetic field is pulsed.

FIG. 14B illustrates immobilization of the conductive disk of FIG. 14A so as to significantly damp the rattling sound when the device is compressed against the patient.

FIG. 15 illustrates an embodiment in which sound waves generated by pulsing of the TMS coil are coupled to the patient's head and transmitted through the skull to an acoustic transducer applied to the patient's head at a convenient location (typically not directly beneath the coil), whereby decoupling of the TMS coil from the patient's head changes the detected acoustic signal.

FIG. 16A illustrates a sensor embodiment implementing inductive coupling sensors whereby a tuned coil is mounted to the substrate of the TMS coil assembly.

FIG. 16B illustrates tuned frequency shifts by the embodiment of FIG. 16A when the substrate and TMS coil assembly are in physical contact with the patient's head.

FIG. 17 illustrates an embodiment in which EEG-type leads and electrodes, or their equivalents, may be used to sense currents induced in the scalp by the TMS magnetic pulse.

FIG. 18 illustrates an embodiment in which temperature sensors (e.g., thermistors, thermocouples) are applied near the two critical contact areas on the substrate and the outputs provided to processing circuitry for a determination of whether the detected temperatures track each other or if there is an abrupt temperature change indicating a change in contact of one or more of the sensors with the skull.

DETAILED DESCRIPTION OF ILLUSTRATIVE EMBODIMENTS

A detailed description of an illustrative embodiment of the present invention will now be described with reference to FIGS. 1-18. Although this description provides detailed examples of possible implementations of the present invention, it should be noted that these details are intended to be exemplary and in no way delimit the scope of the invention.

The present invention is designed to sense the positioning of a TMS coil used for treatment of central nervous system disease states using TMS therapies. While an exemplary embodiment of the invention is described with respect to the excitatory stimulation of the left prefrontal cortex for the treatment of depression, those skilled in the art will appreciate that the apparatus and techniques of the invention may be used to apply TMS therapies to many other central nervous system targets for the treatment of numerous other central nervous system diseases. For example, the TMS coil position sensing device of the invention may be used to sense the positioning of the TMS coil over the right pre-

frontal cortex of a patient for low frequency inhibitory stimulation in the treatment of depression. Those skilled in the art will further appreciate that the TMS coil position sensing device of the invention also may be used to sense the positioning of a TMS coil for the treatment of: epilepsy (above seizure locus), schizophrenia (at Wernicke's Area), Parkinson's Disease, Tourette's Syndrome, Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis (MS), Alzheimer's Disease, Attention Deficit/Hyperactivity Disorder, obesity, bipolar disorder/mania anxiety disorders (panic disorder with and without agoraphobia, social phobia a.k.a. Social Anxiety Disorder, Acute Stress Disorder, Generalized Anxiety Disorder), Post-traumatic Stress Disorder (one of the anxiety disorders in DSM), obsessive compulsive disorder (one of the anxiety disorders in DSM), pain (migraine, trigeminal neuralgia), chronic pain disorders (including neuropathic pain such as pain due to diabetic neuropathy, post-herpetic neuralgia, and idiopathic pain disorders such as fibromyalgia and regional myofascial pain syndromes), rehabilitation following stroke (neuro plasticity induction), tinnitus, stimulation of implanted neurons to facilitate integration, substance-related disorders (dependence and abuse and withdrawal diagnoses for alcohol, cocaine, amphetamine, caffeine, nicotine, cannabis), spinal cord injury and regeneration/rehabilitation, head injury, sleep deprivation reversal, primary sleep disorders (primary insomnia, primary hypersomnia, circadian rhythm sleep disorder), cognitive enhancements, dementias, premenstrual dysphoric disorder (PMS), drug delivery systems (changing the cell membrane permeability to a drug), induction of poem synthesis (induction of transcription and translation), stuttering, aphasia, dysphagia, essential tremor, Magnetic Seizure Therapy (MST), and other central nervous system disorders that may be treated by the application of a magnetic field at particular locations in the brain. Of course, in each case, the treatment positions may vary; however, in each case the position sensing device of the invention is useful in maintaining the TMS coil at the treatment position during therapy.

Overview

FIG. 1A illustrates a system 10 for TMS therapy in accordance with the invention. As illustrated, a patient is placed in a comfortable reclining position with respect to the system 10. An articulating arm 12 allows the operator to adjust the TMS coil assembly 20 so that the TMS coil assembly 20 rests against the patient's head at the appropriate position (e.g., motor threshold or TMS treatment positions). During treatment, pulses are generated by pulse generating apparatus (not shown) in casing 30 and applied to TMS coil assembly 20 for generation of a magnetic field at the position. A display 40 permits the operator to interface with the pulse generating apparatus and to monitor the positioning of the TMS coil assembly 20 with respect to the position as will be described in more detail below.

In accordance with the present invention, pressure and/or contact sensors 50 are placed on a circuit substrate 60 that is, in turn, placed by the clinical operator between the contact surfaces of the TMS coil assembly 20 and the patient's head. Preferably, the circuit substrate 50 is flexible and disposable; however, the sensors need not be disposable or separate from the TMS coil assembly 20. As illustrated in FIG. 1B, the flexible circuit substrate 60 may be attached to respective coil treatment faces 22 and 24 of the TMS coil assembly 20 mechanically or with temporary adhesive. The sensors 50 provide output signals (analog, digital or optical) to signal processing electronics and further to an analytical processor that assesses the validity of the signal before

passing the signal to a user interface that provides feedback to the operator (graphic, indicator lamp, or audible) on, for example, display **40** that contact is either proper or improper. Additionally, the operator may be provided with guidance on, for example, display **40** as to where and how to move the TMS coil assembly **20** to achieve proper contact (e.g. tilt up or down, rotate left or right, etc.). There are many suitable sensing technologies that may be used for the detection of contact as will be explained below with respect to the exemplary embodiments.

System Functionality

As illustrated in FIG. 2, the outputs of a flexible sensor or sensor array **70** of sensors **50** that has been placed on the coil treatment faces **22**, **24** of the TMS coil assembly **20** so as to be adjacent the patient's head when the TMS coil assembly **20** is in the desired position are processed by signal processing electronics **80** to provide appropriate filtering and the like. The signal processing electronics is dependent upon the specific type of sensor technology used but typically includes an analog signal preamplifier followed by appropriate filtering and gain adjustment. For optical implementations, some of the processing may be done optically (e.g. filtering, polarization, wavelength separation). The processed outputs are provided by signal processing electronics to valid contact analysis circuit **90** to determine whether the contact with the patient is proper (e.g., the signal is compared to thresholds). The validation of proper contact is performed by either analog or digital circuitry, or by software. These analytical algorithms depend on the nature of the artifact inherent with each type of sensor and the physical arrangement on the flexible substrate **60**. The output of circuit **90** is then fed back to the user for display, for example, on display device **40**. User feedback **100** may be audible, graphical, numeric, or a "go-no go" indicator. Graphic feedback may include a display of areas of physical contact, bar graphs indicating pressure levels at the critical areas, or pressure maps. The latter would require an array of sensors **70** on the sensing substrate **60** to produce a map of the type shown by way of example in FIGS. 3A and 3B, where FIG. 1A indicates poor contact with the patient's scalp and FIG. 3B indicates good contact with the patient's scalp. As illustrated, this display may be useful in guiding the operator to reposition the TMS coil assembly **20** to improve scalp contact. Audible feedback to the operator also may be provided.

FIGS. 3A and 3B illustrate a presently preferred embodiment in which the display **40** comprises a color LCD screen (or equivalent) of a grid map of the contact pressure across the coil pole treatment faces **22**, **24**. This is achieved by mapping the signals from the array of sensors **70** to the display grid of the display **40** with compressed sensors displayed in one color (e.g. green—light gray) and non-compressed sensors in another color (e.g., red—dark gray). In FIGS. 3A and 3B, the black circles **105** indicate the critical areas beneath the coil pole treatment faces **22**, **24** where good contact is desired. Ideally, all the indicators within these circles should be green/light gray representing a full contact status. Analysis software also may be employed to warn the operator if any red/dark gray pixels appear in the circles **105**, so that repositioning can be done and the TMS procedure continued.

Sensing Technology Options

Many different sensor technologies may be used in accordance with the invention. Presently preferred embodiments and possible implementations are described in more detail below. These embodiments are not intended to be all-inclusive. Those skilled in the art will appreciate that other

comparable commercially available technologies may be used as well as future improvements to such sensing technologies as they become available.

Membrane Switches

As illustrated in FIGS. 4A and 4B, membrane switches **110** are formed by mounting two conducting films or membranes **120**, **130** in a parallel arrangement and separating the membranes **120**, **130** by a gap **140** formed by a third, intermediate layer **150**. The gap **140** is filled with a dielectric material such as air, a resistive fluid, or a gel. As illustrated in FIG. 4B, pressure applied to the membrane switches **110** causes the layers to approximate, and contact each other. When the two conductive layers **120**, **130** touch, electrical contact is made which is sensed as described below. The size and thickness of each sensor is selected to optimize sensitivity.

For TMS applications, an array of such switches **110** is fabricated on a flexible substrate **60** such as that illustrated in FIG. 4C that is applied to the coil pole treatment faces **22**, **24** of the TMS coil assembly **20**. The switches **110** are carefully positioned on this substrate **60** so that they will detect that the patient's head is completely contacting the surface of the TMS coil of the TMS coil assembly **20** near the centers of the coil pole treatment faces **22**, **24** as shown. For example, an array of four or eight switches **110** can be placed in the area of each coil pole treatment face **22**, **24** as illustrated in FIG. 4C and the outputs provided to connectors **155** for provision to the signal processing electronics **80**. This arrangement helps in detecting partial contact by being mapped to a graphical display on display **40** to aid the operator in positioning the TMS coil assembly **20**. The use of a single switch **110** at each coil pole treatment face **22**, **24** does not provide the information needed to assist the operator in positioning the coil. Instead, only a "go-no go" signal is provided. While this is useful, an output that facilitates repositioning indicating which direction to move the coil to achieve proper contact) is preferred. Accordingly, it is desired to use multiple switches **110** to cover the treatment area. Conductive films **120**, **130** of sufficient resistance should be used to reduce eddy currents and to accelerate their decay. Additionally, the conductive films **120**, **130** should be patterned to reduce the flow of eddy currents using techniques known to those skilled in the art.

A system configuration employing an array **160** of membrane switches **110** is shown in FIG. 5. In this configuration, the array **160** of membrane switches **110** provides outputs that are debounced and isolated by a conventional debounce circuit **170** and provided to a status detection and digital interface circuit **160** to remove detection artifacts before being provided to a computer processor **190** that is used to acquire a set of signals that have been processed from the membrane switch array **160**. Contact detections accomplished by applying a voltage across the upper and lower membranes **120**, **130** of each switch **110** of the switch array **160**. When contact is achieved, current flows and is detected by a current sensing circuit within status detection and digital interface circuit **180**. Typically, the signal is first debounced by debounce circuit **170**, and if contact is maintained for a specified period of time (e.g. 50 milliseconds), it is assumed to be a valid contact. This status is then communicated by circuit **180** to the processor **190**. Due to the unique pulsed magnetic field in the proximity of the switches, the detected signal should be filtered or gated by signal detection and digital interface circuit **180** to avoid detection artifacts. The processed output of microprocessor **190** may be provided to display driver **200** for driving graphical display **210** which may be, for example, on display

40. A remote contact status indicator **220** may also be used to indicate the state of contact (on or off).

One skilled in the art would further appreciate that micro could be constructed of non-conductive material (e.g. plastic) and applied to the substrate **60** including the membrane switch array **160**. This slide arrangement provides two functions: amplification of the compression due contact, and allowing remote location of a motion sensor away from the critical area near the coil poles. There are a number of mechanical arrangements that can achieve this. FIGS. **6A** and **6B** illustrate a sample micro slide embodiment in which a pre-bent actuator arm **222** causes an opaque sliding arm **224** to slide between a light source **226** and an optic it detector **228** when depressed. As shown in FIG. **6A** light from light source **226** is detected by optical detector **228** when the actuator arm **222** is not depressed, while, as shown FIG. **6B**, light from light source **226** is blocked by opaque sliding arm **224**, and hence not detected by optical detector **228**, when the actuator arm **222** is depressed into a compressed position. Thus, compression of the substrate membranes **120**, **130** causes the opaque sliding arm **224** to move along the face of the substrate membranes **120**, **130** in a direction along the coil pole treatment faces **22**, **24**. This motion can then be detected optically as indicated in FIG. **6A**, or by other means known to those skilled in the art. Variable Resistance Sensors

As known by those skilled in the art, force sensors may be fabricated using resistive pastes. Similarly, strain gauges may be manufactured by patterning a metal film to form a resistor on an elastic layer. Contact pressure distorts the resistor and the layer. This distortion causes a change in the resistance of the film resistor that is detected using a bridge circuit. A threshold resistance is selected to indicate contact. As is the case with membrane switches **110**, the pulsed magnetic field in the proximity of the sensors must be considered when designing the sensor and detection circuit. High impedance designs are preferable to minimize induced current, and conductive loops are eliminated or kept very small in cross section to minimize induced eddy currents. Either of these variable resistance technologies may be fabricated into sensor arrays **100** as described above for the membrane switch case with similar functional advantages. However, signal processing, detection and signal validation are different than the membrane switch **110**, otherwise the system configuration is very comparable to that shown in FIG. **5**.

A variable resistance sensor provides a continuous signal (i.e. voltage) that is a proportionate to or a monotonic function of applied pressure. Signal processing by circuit **180** and microprocessor **190** in this case comprises filtering, applying a calibrated setting a gain and offset, and gating to synchronize with the magnetic pulse. A calibrated pressure value can be determined by digitizing (i.e. via A/D converter) the processed sensor signal, the digital value being sampled and sent to the processing computer **190** as shown in FIG. **5**. Calibrated pressure values then could be displayed to the operator on display **40** or, alternatively, a threshold detection circuit may be used to decide if contact has been achieved.

FIG. **7** depicts a multiplexing data acquisition circuit **230** for sampling variable resistance force sensors **240** configured in an array **250**. Variable resistance force sensors **240** suitable for the present application are available from Tekscan (e.g., "Flexiforce"). These sensors **240** are typically fabricated by applying a silver layer on each of two substrates. A resistive paste is placed between these silver contact areas and the assembly sealed and mechanically

stabilized. The resistance between the two contacts changes with applied pressure. The contacts can be of a custom geometry and can be fabricated in large arrays. These structures lend themselves well to the desire for a low cost, flexible and disposable design. For TMS applications, single sensors **240** may be placed at each of the critical contact areas, or a number of sensors **240** may be placed at each location (e.g. FIG. **7**). The advantage of employing a number of sensors **240** is that feedback can be provided to the operator as to which way to move the TMS coil assembly **20** to achieve better contact. One proposed implementation is to use a broad array or grid arrangement **250** that covers nearly the entire coil pole treatment surfaces **22**, **24** of the TMS coil assembly **20**. A graphic display of display **40** could then be used to guide the operator in placement. The uniqueness of this application of variable resistance sensors is the magnetic environment and the specific geometry required. The resistance of the Sensors **240** must be relatively high to avoid large induced currents from the TMS pulse and the cross section of the conductive areas must be small to avoid eddy current heating.

During operation, the microprocessor **190** scans the intersecting points of the sensor's rows and columns by selectively closing switches **260**, **265** under control of control circuit **270** and measures the resistance at each contact point. Each contact location is represented by a variable resistor **240** whose value is calibrated as a baseline reference when no force is applied to it. The output of this data acquisition circuit **230** is digitized by digitizer **280** and provided to microprocessor **190** where threshold detection is carried out. Microprocessor **190** then uses the pass/fail information for each sensor **240** to map the sensor states onto a graphic display of display **40**. Preferably, the array-based approach is configured with a graphic display map of the sensors **240** that clearly indicate which sensors are activated (i.e. compressed) and which are not.

Other Sensors that Detect Both Position and Contact Resistive Strip

The membrane switch **110** described above can be modified to provide an output voltage that varies with position of contact. In such case, the gap area **140** is extended to form a one dimensional gap instead of a localized void. An external voltage is then applied to one of the films **120**, **130**, and since no current is flowing, the entire film is at equipotential. When the films **120**, **130** are pressed together, the upper film **120** is brought to the same potential as the lower film **130** at the point where contact is made. The voltage **V1**, **V2** at the ends of the upper film **120** will depend on the location and spatial extent of the contact. These voltages can be converted into a reading of the location of the pressure along to the gap **140**. A row of such strips can be placed in a parallel arrangement to make an area sensor **250**. FIG. **8A** shows a plan view of such a strip sensor **290** before compression, while FIG. **8B** shows a cross-section of such a strip sensor **290** after compression, where **V1** and **V2** vary when the contact area is changed.

Touch Screen Technology

In a preferred embodiment illustrated in FIG. **9**, touch screen technology is similar to the strip sensor **290** (FIGS. **8A** and **8B**) except that the electrodes **120**, **130** of strip sensor **290'** are separated by an array of separators or non-conductive dots or strips (not shown). This allows the contact to be sensed over an area. The position is read out by first applying a voltage **V₁** along the horizontal direction and reading the voltage the sensor film **290'** is pulled to and then applying a voltage **V₂** along the perpendicular direction and sensing the new voltage the sensor film **290'** is pulled to. One

11

may also detect how large an area is in contact with the patient's skull by sensing the current between pairs of electrodes **120**, **130** (i.e., the larger the current, the more area is in contact with the skull). Thus, the two dimensional position of the contact can be sensed. The contact position is then mapped to a graphical display on display **40** as previously described.

Pickup Loop

As illustrated in FIG. **10**, a loop or loops of conducting material **292** may be affixed to the patient's head at the position for the motor threshold (MT) procedure and/or a loop or loops of conducting material **294** may be affixed to the patient's head at the position for depression treatment. Then, when the TMS coil assembly **20** is placed in the proper position, a pulsed magnetic field applied by the TMS coil assembly **20** induce voltages in the loop or loops **292** or **294**. If the patient moves away from the TMS coil assembly **20** during the TMS procedure, then the induced voltage in the loop or loops **292** or **294** is reduced. A threshold can be determined by the signal processing circuitry **80** for maintaining an effective treatment, and if the voltage drops below this threshold, a visible or audible signal is provided to the operator so that the TMS coil assembly **20** can be properly repositioned for the remainder of the therapy.

Fluid Displacement Sensors

Fluid displacement sensors may be fabricated on a flexible, disposable substrate (e.g., polyester) **300** as illustrated in FIG. **11A**. As shown, fluid filled bladders **310** are connected by a non-compressible manifold **320** such that compression of one or both of the fluid filled bladders **310** causes a change in pressure at fluid displacement sensor **330** that is detected provided via connector **340** to the signal processing electronics **80**. As illustrated in FIG. **11B**, the fluid displacement sensors also may be manufactured on the same physical substrate **350** as an e-shield device. The fluid filled membrane bladders **310** are positioned directly over the coil pole treatment faces **22**, **24** of coil **360** as shown and are connected to pressure transducer **330** for conversion of the fluid pressure into an analog voltage that is, in turn, connected via electrical connector **340** to signal processing circuitry **80** for the elimination of artifacts and detection of whether a threshold has been exceeded, thereby indicating proper contact on both sides of the coil **360**. The fluid is high-impedance and provides for a minimal current flow and is, accordingly, substantially non-electrically-conductive so that induced eddy currents (due to the pulsing magnetic field) do not cause heating or field distortion. E-shield connectors **370** provide a mechanism for driving the e-shield coils from a remote pulse generator.

Optical Sensors

Optical sensors may be created by fixing an optical fiber **380** to the flexible substrate **300** such that it crosses the critical contact area over the coil pole treatment faces **22**, **24**. Multiple optical fibers may be used to isolate a particular location. Light from a remote light source **390** is provided into optical fiber **380** and directed toward a fiber Bragg grating **400** as illustrated in FIG. **12A**. When the light makes contact with the fiber Bragg grating **400**, the fiber(s) of the fiber Bragg grating **400** shown in cross-section in FIG. **12B** deflect as illustrated in FIG. **12C** so as to affect light transmission efficiency. For example, the reflectance peak may be shifted to longer wavelengths as shown in FIG. **12D**, which is, in turn, detected by an optical detector (e.g. photodiode) **410** (FIG. **12A**). Thus, the fiber Bragg grating **400** is attached to the flexible substrate **300** in such a way that deflection changes the amount of light reflected from the fiber Bragg grating **400**. Light is reflected off of the flexible

12

substrate **300** so that it vibrates when magnetically pulsed. The modulation of the light is measured. When vibration is minimal, contact is good. A thin liquid-filled bladder (e.g., bladder **310** of FIG. **11A**) may be applied to the flexible substrate **300** and positioned such that contact at the critical areas of the coil pole treatment faces **22**, **24** results in compression of the bladders **310** on both sides of the coil **360** which, in turn, displaces liquid to an optical detector **410** that detects the displacement, in accordance with the invention, the optical detector **410** may include a photodiode, a photo transistor, and the like.

Acoustic Sensors

Acoustic sensors may be mounted on the e-shield as in the embodiment of FIG. **11B** so as to produce an acoustic sound when pulsed. This sound is reduced in magnitude and the frequency shifts when compressed against the head. The acoustic sensors detect the change in sound level. Any change is determined by processing circuit **80** (FIG. **2**) or signal processing software.

FIG. **13A** illustrates a sample acoustic sensor embodiment in which flexible membranes **420**, **430** in a non-contact position are separated by an acoustic channel **440** that, in turn, connects an acoustic source **450** to an acoustic transducer **460**. As shown in FIG. **13B**, when the flexible membranes **420**, **430** are pressed (against the head, for example), the acoustic channel **440** is disrupted, thereby reducing the sound in magnitude and/or causing a frequency shift. Those skilled in the art will appreciate that the acoustic source **450** and acoustic transducer **460** may produce and detect sounds in the audible range and/or the ultrasonic range.

Another type of acoustic sensor may be implemented as a device constructed on the substrate **350** (FIG. **11B**) so as to intentionally "rattle" or makes an obvious audible sound when the TMS coil is pulsed and the substrate is not compressed against the patient's head. As illustrated in FIG. **14A**, such a device includes flexible membranes **470**, **480** that are separated by spacers **490** so as to define a cavity **500** between the flexible membranes **470**, **480**. The cavity includes a conductive disk **510** that experiences torque as indicated by the arrows so as to rattle within cavity **500** when the ambient magnetic field is pulsed. As illustrated in FIG. **14B**, the device is designed to significantly damp the sound when compressed against the head. In this case, the flexible membranes **470**, **480** immobilizes the conductive disk **510** to prevent rattling within the cavity **500** when the flexible membranes **470**, **480** are compressed (e.g., against the patient's head). The audible feedback (e.g., lack of rattling sound) is the indicator to the operator that the coil is in contact with the patient's head. Since the sound is audible, no acoustic sensors are necessary.

As illustrated in FIG. **15**, an acoustic transducer **520** (audible or ultrasonic) may be mounted or attached to the patient's scalp at a position away from the magnetic field generated by the TMS coil assembly **20** so as to detect sound waves conducted through the skull that are generated by the TMS coil within the TMS coil assembly **20** when pulsed and mechanically coupled to the skull through contact with the patient's head. When the TMS assembly **20** is pulsed it generates an audible or inaudible vibration. When the TMS coil assembly **20** is in good contact with the skull, this sound is transmitted effectively to the skull which in turn is detected by acoustic transducer **520** applied to the patient's head at a convenient location (typically not directly beneath the coil). The output of the acoustic transducer **520** is applied to signal processing electronics (which may be in signal processing electronics **80**) to detect a large change in the conducted sound has occurred, thereby indicating a disrup-

13

tion in the contact with the skull. The characteristics of the received sound wave varies (e.g., spectral shift or amplitude change) in accordance with the degree of mechanical coupling of the TMS coil assembly **20** with patient's skull. For example, low frequency waves are attenuated when the TMS coil assembly **20** is not in direct contact with the patient's skull, thereby changing the acoustic signature of the signal generated when the TMS coil is pulsed.

Inductive Coupling Sensors

To implement inductive coupling sensors, a tuned coil **530** is mounted to substrate **60** as shown in FIG. **16A**. The tuned frequency shifts as illustrated in FIG. **16B** when the substrate **60** and TMS coil assembly **20** are in physical contact with the patient's head. Care must be taken to design the tuned circuit so that it is compatible with the pulsed magnetic field. The e-shield coils are pulsed independently from the TMS compensation pulse at a frequency that is sensitive to changes to coil loading (and corresponding changes in inductance). Changes in the coil current waveform are detected and discriminated as to whether the e-shield is located against the patient's head or not. Compressible tuned coil **530** is mounted on the substrate and is designed so that its shape (particularly its cross section with respect to the TMS field) is distorted when compressed against the patient's head. In other words, a different induced current will be produced by a frequency counter when the compressible tuned coil **530** is compressed as compared to the uncompressed state. This induced current is then detected by signal processing electronics in signal processing electronics **80**.

Capacitive Coupling Sensors

As illustrated in FIG. **17**, EEG-type leads and electrodes **540**, or their equivalents, may be used to sense current induced in the scalp by the TMS magnetic pulse. If the TMS coil assembly **20** is moved away from the scalp, these currents will shift and diminish in amplitude. This change is detected by processing the signals from the EEG-type leads **540** in suitable signal processing electronics. A minimum of two EEG-type leads is required. Those skilled in the art will appreciate that careful placement of the EEG-type electrodes **540** and appropriate filtering the detected signal in the signal processing electronics is important in order to avoid artifacts due to patient movement or coupling with the TMS field.

Temperature Sensors

As illustrated in FIG. **18**, temperature sensors (e.g., thermistors, thermocouples) **550** may be applied near the critical contact areas **22**, **24** on the substrate **60** and the outputs provided to processing circuitry (such as signal processing electronics **80**) via connectors **155**. Normally, the temperature of the two sides will track each other, however, if one or more of the temperature sensors **550** is not in contact with the patient's skull, there may be an unexpected abrupt temperature change indicating a change in contact of the sensor(s) **550** with the skull. In other words, if there is an unexpected significant change in the difference or ratio of the two temperatures (i.e., if the change is above a predetermined threshold), it is likely due to one side not being in contact with the patient's head. On the other hand, if the temperature detected by one or more temperature sensors **550** unexpectedly changes abruptly, then this alone could indicate that the temperature sensor(s) **550** is no longer in contact with the skull. This method has the disadvantage of a relatively slow response (i.e. several seconds). However, the unique advantage of this approach is the added feature of allowing the operator to optimize TMS protocol parameters while staying beneath safe temperature levels. It can also be

14

used as a safety feature to detect failures in the TMS system that could produce excessive temperatures in the surfaces that contact the patient.

Those skilled in the art will appreciate that other sensing devices may be used to determine whether the TMS coil assembly is properly placed against the patient's head during treatment. Accordingly, any such modifications are intended to be included within the scope of this invention as defined by the following exemplary claims.

What is claimed:

1. A magnetic stimulation system comprising:

at least one transcranial magnetic stimulation (TMS) coil assembly comprising at least one magnetic stimulation element configured to generate a pulsing magnetic field for a TMS procedure; and

at least one sensor configured to identify locations of a plurality of contact areas on the at least one TMS coil assembly that are in contact with a patient's anatomy such that the contact areas on the at least one TMS coil assembly are distinguishable from non-contact areas on the at least one TMS coil assembly that are not in contact with the patient's anatomy.

2. The magnetic stimulation system of claim 1, further comprising:

a processor configured to process outputs of the at least one sensor to provide an indication based on the locations of the contact areas on the at least one TMS coil assembly that are in contact with the patient's anatomy.

3. The magnetic stimulation system of claim 2, wherein the indication comprises an indication of which direction to move said at least one TMS coil assembly to properly dispose the at least one TMS coil assembly.

4. The magnetic stimulation system of claim 2, wherein the indication comprises a pressure map indicating where the at least one TMS coil assembly is in contact with the patient's anatomy and where the at least one TMS coil assembly is not in contact with the patient's anatomy.

5. The magnetic stimulation system of claim 2, wherein said indication is provided to a sound generator that is configured to generate a sound that indicates whether said at least one TMS coil assembly is properly disposed.

6. The magnetic stimulation system of claim 1, wherein said at least one sensor comprises at least one sensor disposed in or on a substrate placed between the at least one magnetic stimulation element and a position at which magnetic stimulation is applied.

7. The magnetic stimulation system of claim 1, wherein said at least one sensor comprises variable resistance sensors configured to output an output signal that is proportionate to applied contact pressure, whereby a change in resistance above a predetermined threshold is identified as an indication of contact.

8. The magnetic stimulation system of claim 1, wherein the at least one sensor comprises a loop of conducting material placed at a position at which at least one pulse is to be applied to the at least one magnetic stimulation element, the loop of conducting material having an induced voltage therein when the at least one pulse is applied to the at least one magnetic stimulation element when the at least one magnetic stimulation element is in proximity to the loop of conducting material, and wherein whether the induced voltage exceeds a predetermined threshold serves as an indication of whether the at least one TMS coil assembly is properly disposed.

9. The magnetic stimulation system of claim 1, further comprising:

15

a pulse generating device configured to apply at least one pulse to the at least one magnetic stimulation element during the TMS procedure.

10. A device comprising:

at least one sensor configured to identify locations of a plurality of contact areas on a magnetic stimulation assembly that are in contact with a patient's anatomy such that the contact areas on the magnetic stimulation assembly are distinguishable from non-contact areas on the magnetic stimulation assembly, the magnetic stimulation assembly configured to generate a pulsing magnetic field; and

a processor configured to process outputs of the at least one sensor to provide an indication that indicates where the magnetic stimulation assembly is in contact with the patient's anatomy and where the magnetic stimulation assembly is not in contact with the patient's anatomy based on the locations of the contact areas on the magnetic stimulation assembly that are in contact with the patient's anatomy.

11. The device of claim **10**, wherein said at least one sensor comprises at least one sensor disposed in or on a substrate placed between at least one magnetic stimulation element of the magnetic stimulation assembly and a position at which magnetic stimulation is applied.

12. The device of in claim **10**, wherein the indication comprises an indication of which direction to move the magnetic stimulation assembly to properly dispose the magnetic stimulation assembly.

13. The device of claim **10**, wherein the indication comprises a pressure map.

14. The device of claim **10**, wherein said indication is provided to a sound generator that is configured to generate a sound that indicates whether the magnetic stimulation assembly is properly disposed.

15. A method comprising:

identifying locations of a plurality of contact areas on a magnetic stimulation assembly that are in contact with a patient's anatomy, the magnetic stimulation assembly configured to generate a pulsing magnetic field; and providing an indication that indicates where the magnetic stimulation assembly is in contact with the patient's anatomy and where the magnetic stimulation assembly is not

16

in contact with the patient's anatomy based on the locations of the plurality of contact areas on the magnetic stimulation assembly that are in contact with the patient's anatomy.

16. The method of claim **15**, wherein the indication indicates whether the magnetic stimulation assembly is properly positioned.

17. The method of claim **15**, further comprising:

identifying locations of a plurality of non-contact areas on the magnetic stimulation assembly that are not in contact with the patient's anatomy, wherein the indication is provided based on the locations of the plurality of contact areas on the at least one magnetic stimulation assembly that are in contact with the patient's anatomy and the locations of a plurality of non-contact areas on the magnetic stimulation assembly that are not in contact with the patient's anatomy.

18. The method of claim **15**, wherein the magnetic stimulation assembly comprises at least one magnetic stimulation element, the method further comprising: applying at least one pulse to the at least one magnetic stimulation element.

19. The method of claim **15**, wherein the magnetic stimulation assembly comprises at least one magnetic stimulation element, and a loop of conducting material is disposed at a position at which at least one pulse is to be applied to the at least one magnetic stimulation element, said loop of conducting material having an induced voltage therein when the at least one pulse is applied to said at least one magnetic stimulation element when said at least one magnetic stimulation element is in proximity to said loop of conducting material.

20. The method of claim **19**, further comprising:

applying the at least one pulse to said at least one magnetic stimulation element;

measuring said induced voltage; and

determining whether said induced voltage exceeds a predetermined threshold for indicating whether the magnetic stimulation assembly is properly disposed during application of the at least one pulse to said at least one magnetic stimulation element.

* * * * *